

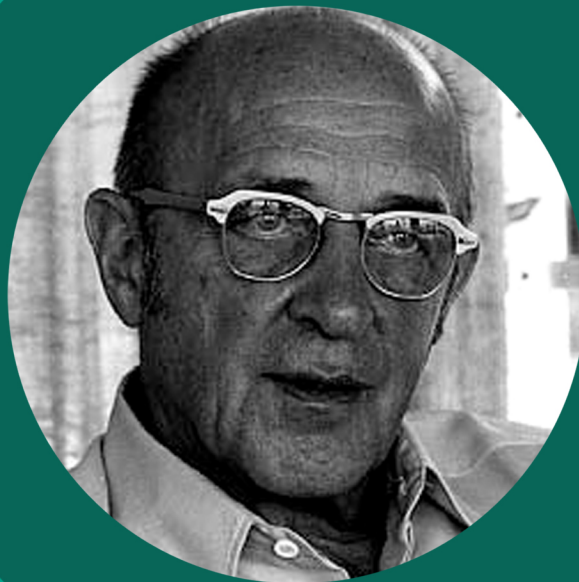
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The International Journal of  
**INDIAN PSYCHOLOGY**



**Person of the Month**  
**Carl R. Rogers (1902-1987)**

Editor in Chief:  
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January – March 2017

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# Message from the Desk of Editor

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It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

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The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.



We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the “Scope and Guidelines to Authors” given at the website. Any comments and observations for the improvement of the journal are most welcome.

**Prof. Suresh Makvana, PhD<sup>1</sup>**  
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## Person of the Month: Carl R. Rogers (1902-1987)

Ankit Patel<sup>1</sup>

<b>Born</b>	January 8, 1902 Oak Park, Illinois, U.S.
<b>Died</b>	February 4, 1987 San Diego, California, U.S.
<b>Citizenship</b>	American
<b>Known for</b>	Client-centered therapy, Student-centered learning, Rogerian argument
<b>Fields</b>	Phenomenal field, Theoretical works



Carl Ransom Rogers was an American psychologist and among the founders of the humanistic approach in psychology. The person-centered approach, his own unique approach to understanding personality and human relationships. Throughout his career he dedicated himself to humanistic psychology and is well known for his theory of personality development. He began developing his humanistic concept while working with abused children. Rogers attempted to change the world of psychotherapy when he boldly claimed that psychoanalytic, experimental, and behavioral therapists were preventing their clients from ever reaching self-realization and self-growth due to their authoritative analysis. He argued that therapists should allow patients to discover the solution for themselves. Rogers received wide acclaim for his theory and was awarded various high honors.

Dr. Carl R. Rogers was born in Oak Park, Illinois, in 1902. He received his B.A. from the University of Wisconsin in 1924, a M.A. from Columbia University in 1928, and his Ph.D. in psychotherapy from Columbia University in 1931. In 1940 Rogers became professor of psychology at Ohio State University where he stayed until 1945. He then transferred to the University of Chicago in 1945 where he served as the professor of psychology and the executive secretary at the Counseling Center. In 1957 he took a joint position in the departments of

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### Person of the Month: Carl R. Rogers (1902-1987)

psychology and psychiatry at the University of Wisconsin. After this Rogers traveled to a variety of colleges.

Rogers is a leading figure within psychotherapy and developed a breaking theory of personality development. This theory developed as a result of Rogers frustration with the authoritative analysis that therapists were imposing upon their patients. He is well known for his emphasis on personal awareness and allowing clients to have increasing flexibility in determining the treatment. Rogers believed that it was important for the individual to learn to understand himself and make independent choices that are significant in understanding the problem.

#### **ROGERS' THEORY**

Theory of Personality Development Rogers' therapy was an extension of his theory of personality development and was known as client-centered therapy, since the basis of the therapy was designed around the client. According to Rogers each person has within them the inherent tendency to continue to grow and develop. As a result of this the individual's self-esteem and self-actualization is continually influenced. This development can only be achieved through what Rogers refers to as "unconditional positive regard."

The element of free expression can also be illustrated in the case Mrs. L, and her ten- year- old son, Jim. During the first hour of the session the mother spent a full half-hour telling with intense feeling example after example of Jim's bad behavior. She tells of arguments with his sister, his refusal to dress himself, annoying tendencies such as humming at the table, bad behavior in school, and his refusal to help at home. Each one of her comments is highly critical of her son. Throughout the mothers talking the counselor makes no attempt to persuade the mother in feeling any other way about her son. Next, the son engages in play -therapy in which Jim makes a clay image and identifies it as his father. There is a great deal of dramatic play in which the boy shows his struggle in getting his father out of bed and the fathers resistance. Throughout this Jim knocks the clay figurines head off and crushes the body while shouting frantically. In both occurrences with the mother and her son the counselor allows the feelings to flow and does not try to block or alter them.

Another aspect of the therapy is that of positive action. Here once insight is achieved the actions that are taken are suited to the new insight that is gained. Thus, once Mrs. L has achieved a better emotional understanding of the relationship between herself and her son she is able to transfer that insight into actions which show the depth of her insight. She plans on giving Jim special affection, helping him to be more mature, and avoiding making the younger sister jealous. If such behavior had been suggested to her after the diagnosis of the case, she would have either rejected the suggestion or carried it out in a way that would almost certainly fail. Since it grew out of her own insight, she will be able to become a successful, mature mother.

### Person of the Month: Carl R. Rogers (1902-1987)

The methodology of Rogers theory proved to be very successful within the case of Mrs. L and her son. This approach has helped millions of people since Rogers first developed it.

#### TIMELINE

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1924 Completed B.A., University of Wisconsin  
1928 M.A., Columbia University  
1931 Ph.D., Columbia University, Psychotherapy  
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1944 President of the American Association for Applied Psychology  
1945 University of Chicago, Chicago, Ill., Professor of Psychology and executive secretary ,  
Counseling Center.  
1946 President of the American Psychological Association  
1955 Nicholas Murray Butler Silver Medal  
1956 First President of American Academy of Psychotherapist and special contribution award,  
American Psychological Association  
1957 professor in departments of psychology and psychiatry; University of Wisconsin  
1960 member of executive committee, University of Wisconsin  
1962 Fellow, Center for Advanced Study in the Behavioral Sciences  
1964 selected as humanist of the year, American Humanist Association  
1968 honorary doctorate, Gonzaga University  
1971 D.H.L. , University of Santa Clara  
1972 distinguished professional psychologist award, Division of Psychotherapy  
1974 D.Sc. university of Cincinnati  
1975 D.Ph. University of Hamburg and DS.Sc. University of Leiden  
1978 D.Sc. Northwestern University  
1984 Union for Experimenting Colleges and Universities, Cincinnati  
1987 Died of heart attack, San Diego, California

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## **NOMOPHOBIA – An Insight into Its Psychological Aspects in India**

Aparna Kanmani S<sup>1\*</sup>, Bhavani U<sup>2</sup>, Maragatham R S<sup>3</sup>

### **ABSTRACT**

Smartphones are not just becoming a part of our daily lives - but a part of each and every one of us. The presence of this handy device that holds the world just a touch away has been greatly significant and unavoidable in our standard of living. It is surprising to note that an average person checks their phone 110 times per day, even without their knowledge or any reason. It is not just perceived as a gadget, but as a digital umbilical cord connecting us to a fulfilled life. While the presence of smartphones has its mark, its absence has notable impacts too. Nomophobia (NO-Mobile phone-PHOBIA) -The fear/anxiety of being away from mobile phone contact- is an alarmingly raising specific phobia in the recent times. A study on Britain mobile phone users found that nearly 53% of them tend to be anxious when they 'lose their mobile phone, run out of battery or balance, or have no network coverage'. 72% of people state that there is a very little chance they will ever move 5 feet away from their phone. Interestingly, most such people use it even during shower. According to an article in the UK daily 'The Telegraph' (21 Oct 2015), Global Smartphone sales was predicted to grow by 18%, where the growth will be driven by developing markets, led by India, China and Indonesia. Considering this tremendous increase in the Smartphone market in India, it is but threatening to think about the dependency that Indians are facing with their mobile device. This study gives an insight into the levels of Nomophobia that prevails in India and its psychological aspects in four major dimensions using the NMP-Questionnaire. A sample of 1500 Smartphone users from various states of India collected through snowball sampling were assessed on their usage purpose and pattern. Evaluating correlates such as age, gender and occupation showed that females have higher levels of Nomophobia than males and students (18-24 years) fall under higher severity of Nomophobia than working class.

**Keywords:** *Smartphone addiction, Nomophobia, Anxiety*

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## **NOMOPHOBIA – An Insight into its Psychological Aspects in India**

**F**rom the times of pigeons, letters, Morse codes, telegraphs and telephones, communication has been an integral part of human social life. Building relations, expression of emotions, sharing of thoughts, knowledge of current happenings etc. have been essential forms of interaction amidst our fast paced life. Marching along with the digitally transforming world, today we live in an era of wireless communication. As soon as the Smartphone set its foot into the garden of electronic gadgets, it exerted its spell on the conscious and intelligent part of human brain.

Nomophobia (NO-Mobile phone-PHOBIA) -The fear/anxiety of being away from mobile phone contact- is considered a disorder of the contemporary digital and virtual society that refers to discomfort, anxiety, nervousness or anguish caused by being out of contact with a mobile phone. The term was coined during a 2010 study by the UK Post Office who commissioned YouGov, a UK-based research organization that sampled 2163 people to look at anxieties suffered by mobile phone users. The study found that nearly 53% of mobile phone users in Britain tend to be anxious when they "lose their mobile phone, run out of battery or credit, or have no network coverage".

Smartphone reliance can be said to fall under the umbrella of technology addiction. Such an addiction is present when there is compulsive use of the technology leading to preoccupation, tolerance, unsuccessful efforts to control or stop using, withdrawals, loss of control, significant impairment or neglect in any domain of life, lying to family members about the extent of involvement with the device and using the device as an escape or to relieve low mood.

While cell phones offer a technologically advanced method of social interaction, the risk of becoming obsessed can hinder happiness. Most impressively, Smartphone introduced the 'World of Apps' where applications can be got for almost anything and everything and thus shift a part of work to e-devices. In this way gradually and stealthily Smartphone with their all-solutions-at-palm applications and technologies have crept into human world. They have made users so helplessly dependent that one may be at a loss if Smartphone vanished.

It is a fact that, millions of people suffer from Nomophobia around the globe. The most affected are from 18-24 years of age. A typical Nomophobe can be identified by some characteristics such as never turning off the phone, obsessively checking missed texts and calls, bringing the phone everywhere, using phones at inappropriate times and missing opportunities for face-to-face interaction while preferring over the phone contact. In some severe cases, people may also face physical side effects such as panic attacks, shortness of breath, trembling, sweating, accelerated heart rate, pain in the hand joints, neck and back pain, etc. when their phone dies or is otherwise unusable. Although Nomophobia does not appear in the current DSM-V, it has been proposed as a "specific phobia", based on definitions given in the DSM-IV.

### *Need For Study*

A survey (2012) on American mobile users found that 94% of people are concerned about losing their phone. When asked to select which feeling they best identified with, when they lost their phone, 73% reported feeling “panicked” and 14% reported feeling “desperate”. 72% of people stated that there is very little chance that they will ever move 5 feet away from their phone. A study (2010) in Sweden revealed that 23% men and 34% women having high use of mobile phones indicated sleep disturbance and over 30% of women reported up to two symptoms of depression.

India is one of the fastest-growing Smartphone markets in the world and is set to outpace the US as the second-largest market by 2017 as smart mobile devices become affordable. According to a report by KPMG & IAMAI, India had about 116 million internet-enabled Smartphone at the end of 2014, a number that's expected to more than triple to 369 million by 2018.

Considering the tremendous growth in the Smartphone market, it is but threatening to imagine the dependency that Indians would face with their mobile device. Thus, this emerging trend of excessive Smartphone usage challenges the well-being of the population. At this point, knowledge of prevalence of Nomophobia in India and an understanding of its psychological effects is required to self-monitor the dependent behavior.

### **REVIEW OF LITERATURE**

A cross sectional study (2010) was conducted among 200 M.B.B.S students in Indore selected using systematic random sampling technique to find out the prevalence of Nomophobia. The data were collected using structured questionnaire. The sample group belonged to 17-28 years of age. The results revealed that overall 18.5% students were found to be Nomophobic. Approximately 73% students keep their mobile phones with them while sleeping. Moreover 20% lose their concentration and become stressed because they do not have their mobile phones with them. However, there was no significant statistical association found between Nomophobia and selected personal variables viz. gender, place of stay and academic session.

A descriptive study carried out in 2012 among resident doctors in North India assessed the tendency of addiction towards mobile phones. The participants were selected by purposive sampling technique. The data was collected using a 23 item questionnaire based on ICD-10 criteria for substance dependence syndrome. It revealed symptoms such as withdrawal (82.3%), neglect of alternative pressure (51.0%), and impaired control (41.7%). 39.6% of the participants met three or more of the ICD-10 diagnostic criteria. 23.4% rated themselves as being addicted to mobile phones. Hence, the researcher concluded that, the effect of

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mobile phone usage needs to be evaluated among general population to confirm the real facts.

A descriptive study (2011) to evaluate the threat of mobile phones and addiction was conducted among 160 students from Belarus University. The data was collected using a questionnaire which also included the test of mobile phone addiction. 1/10<sup>th</sup> of the students had the symptoms of addiction. 68.11% belonged to the age group of 18-20 years; and 1/3<sup>rd</sup> of them had two mobile phones. Nearly half (43.16%) of the sample had knowledge about mobile phone addiction and only 28.8% were familiar with the term Nomophobia. Hence, it was concluded that, majority of youngsters are being addicted to mobile phones and were unaware of Nomophobia. There is a need to sensitize and educate about this dreaded disorder.

### **RESEARCH METHODOLOGY**

#### ***Sample***

The study to understand the prevalence of Nomophobia in India was conducted on 1500 Smartphone users (600 males; 900 females). The samples were selected using snowball sampling technique. The samples consisted of mobile phone users- college students and working class- above 18 years of age. The data was collected using a questionnaire that tested the level of Nomophobia and its psychological aspects.

#### ***Measures***

The NMP-Q (NoMoPhobia Questionnaire) constructed by CaglarYildirim, Iowa state university, was used to identify various levels and dimensions of Nomophobia. The questionnaire consists of 3 sections with the overall reliability of 0.945.

- Section I consisted of demographic information.
- Section II identified the usage patterns of Smartphone.
- Section III included 20 questions (NMP-Q) with 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) aimed to find whether the sample falls under the category severe, moderate, mild or no Nomophobia and the underlying dimensions - not being able to communicate, losing connectedness, not being able to access information and giving up convenience.

#### ***Procedure***

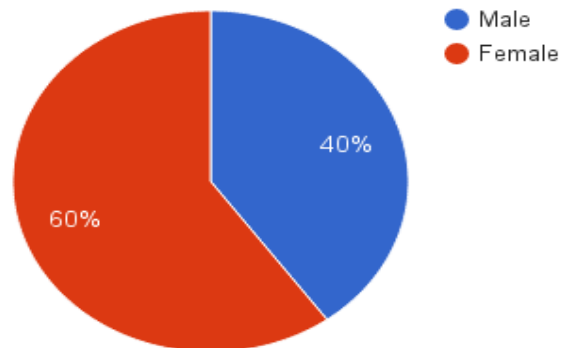
The objectives and purpose of the study was clearly communicated to the participants who consented to be a part of the study. The questionnaires was distributed to the participants either manually or sent online with no time restriction to complete it. They were instructed not to skip any question. The data collected was kept confidential and was put through further analysis.

## RESULTS AND DISCUSSION

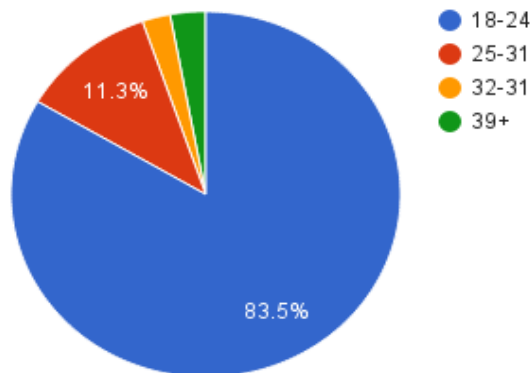
The study found the levels of Nomophobia in India by understanding the patterns and purpose of mobile usage. The data was scattered over various states and union territories of India.

### Nature of Sample Collected

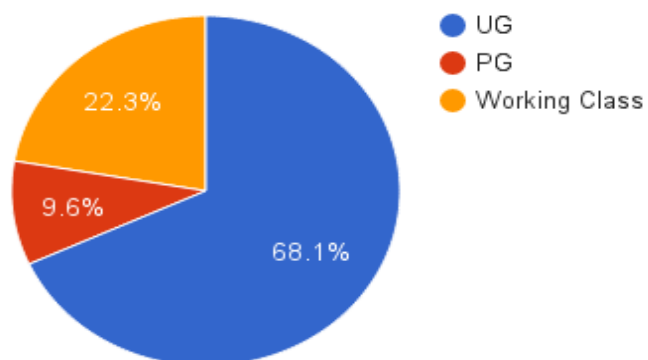
*Graph I- Representation of responses in terms of gender of the total sample.*



*Graph II- Representation of responses from different age groups of the total sample.*



*Graph III- Representation of the responses in terms of students and working class of the total sample.*



***Patterns of Mobile Usage***

The study indicates that 43% of people use their phones more than 5 hours a day. Over 30% tend to check their phones more than 50 times a day while 31% check as frequently as every 10 minutes. It is reported that there is lesser number of calls or emails received and sent, than text messages. Apparently, half the population receives more than 100 text messages per day while more than 80% receive/make less than 10 calls a day. It also seems that up to 88% of users send less than 5 emails in a day while 40% of them receive 5-30 mails a day, most of them being promotional.

This shows that there is a change in the patterns of communication. This may be due to rise in the cost of telecommunication and easy availability of free texting apps that may cause the difference. Presently, with the tremendous growth in various online facilities through mobile phone, emails are being less preferred unless for official purposes.

***Table V- Indicating the purpose of mobile usage of the total sample.***

<b>Usage Pattern</b>	<b>No. of Responses</b>	<b>Percentage of Responses</b>	<b>Rank Order</b>
Texting family or friends	<b>1240</b>	82.70%	I
Checking social media	<b>1161</b>	77.40%	II
Listening to music	<b>1071</b>	71.40%	III
Talking with family or friends	<b>1017</b>	67.80%	IV
Looking information up on the Internet	<b>1003</b>	66.90%	V

Texting family and friends is found to be the most common use of Smartphone. It is also significantly used for checking emails, getting news, gaming, checking lecture notes etc. Moreover, a considerable amount of people report using their device for simply ‘Killing time’. Smartphones are least used as planners for scheduling meetings and events.

***Table VI- Indicating the pattern of mobile usage of the total sample.***

<b>Usage Pattern</b>	<b>No. of Responses</b>	<b>Percentage of Responses</b>	<b>Rank Order</b>
When I’m bored	1285	85.70%	I
When I’m alone	1229	82%	II
While waiting for someone or something	1039	69.30%	III
Immediately after waking up	1034	69%	IV
On public transportation	930	62%	V

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It is apparent from Table V that maximum number of the people uses their mobiles when they are bored and when left alone. This is also indicated in Table IV, it is common for most people in the present age to kill time by randomly scrolling down the contacts list or gallery just to avoid eye contact with others or worry looking silly in a crowd. This may be the reason why more than half of the population use phones while waiting for someone or something or when on a public transport.

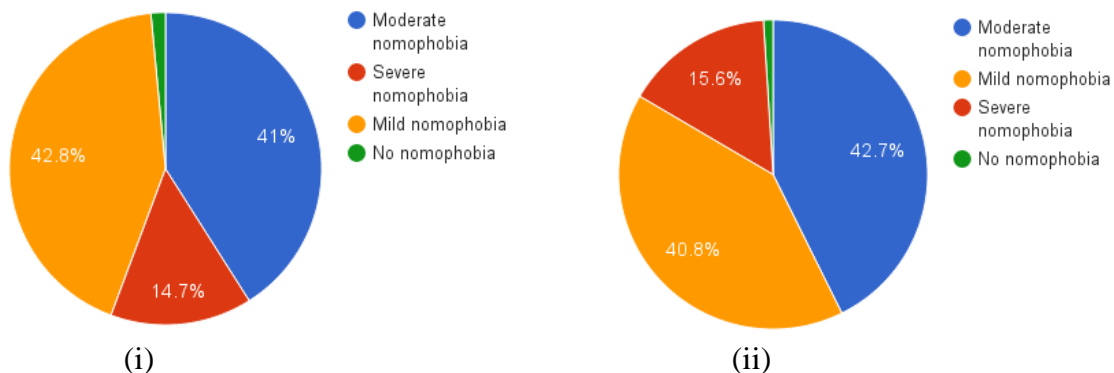
To know that people also use their mobile phones during a class, in the restroom, while walking, at the dinner table, while hanging out with friends or even while talking to somebody is out of ordinary. This tendency to overlap any work in hand with mobile usage creates a compulsive attitude or clingy habit towards the usage of the device which leads to anxiety in its absence. Moreover, it is alarming to note that 1 in every 15 people use phones while driving. Even strangely, 1 in every 20 uses it during shower!

### *Levels of Nomophobia in the Population*

**Table II- Indicating the levels of Nomophobia classified according to gender**

	Severe Nomophobia (In %)	Moderate Nomophobia (In %)	Mild Nomophobia (In %)	No Nomophobia (In %)
Male	14.7	41	42.8	1.5
Female	15.6	42.7	40.8	1
Total population	15.2	42	41.6	1.2

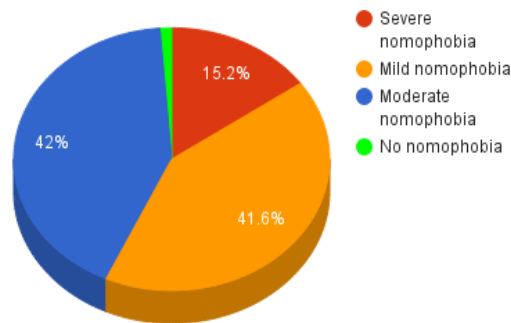
**Graph IV- Indicating the level of Nomophobia of (i) Male and (ii) Female sample.**





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**Graph V - Indicating levels of Nomophobia of the total sample.**



As represented in Table II, it is evident that only less than 2% of the population is found to be not Nomophobic. This may be attributed to the growing number of mobile users in India. Degrees of dependence on Smartphone would cause people to fall under various category of Nomophobia.

**Table III - Indicating levels of Nomophobia classified according to qualification**

	Severe Nomophobia (in %)	Moderate Nomophobia (in %)	Mild Nomophobia (in %)	No Nomophobia (in %)
UG students	16.8	40.4	41.5	1.3
PG students	17.4	42.4	38.2	2.1
Working class	10.2	40.1	48.5	1.2

From Table III, it is evident that college students seem to fall under higher levels of Nomophobia. This may be due to the comparative availability of leisure time, lesser responsibility, curiosity of exploring technology and extensive usage for educational or research purposes.

**Table IV- Indicating levels of Nomophobia classified according to age**

	Severe Nomophobia (in %)	Moderate Nomophobia (in %)	Mild Nomophobia (in %)	No Nomophobia (in %)
18-24	16.3	43.5	39.1	1
25-31	11.2	35.5	52.1	1.2
32-38	11.4	31.4	54.3	2.9
39+	2.3	31.8	61.4	4.5

From the details provided in Table IV, it is evident that there is a gradual decline in levels of Nomophobia as the person proceeds in age. Comparatively more work pressure, family commitments, lesser interest to be updated to technology, physical ailments such as reduced hand-eye coordination etc. may be possible reasons for the same.

***Dimensions of Nomophobia***

The 20 item NMP-Q assessed the psychological effects of Nomophobia under the following four dimensions.

***Not being able to communicate***

It refers to the feelings of losing instant interaction and not being able to use services that allow for immediate communication. It induces a state of anxiety or nervousness. Without smartphones, majority of people are worried that their family or friends cannot reach them. On analyzing the patterns of mobile usage, 44% of people agreed that they feel connected to others when they use Smartphone.

In its absence, over 35% of people feel anxious when they cannot instantly contact or keep in touch with their family and friends as if their constant connection with them is broken. This can be understood with the finding that mobile phones are most used for texting family and friends. ‘Nervousness of not receiving calls or messages’ and ‘not knowing if someone tried to contact’ increases in its absence.

***Losing connectedness***

The items under this dimension are associated with feelings of losing the abundant connectivity that Smartphone provide and being disconnected from one's online identity. People indicated under this dimension have discomfort on losing touch with their perceived social society. 20% of the population feel nervous when disconnected to their online identity, feel uncomfortable for not staying up to date with social media and online network, and feel awkward when not checking notification for update constantly. 23% of the population agrees that they feel weird or a state where they don't know what to do without their mobile phone

***Not being able to access information***

The items grouped under the third dimension reflect the discomfort of losing pervasive access and being unable to retrieve or search for information through Smartphone. 38 % of people feel annoyed if they could not look up to information on Smartphone or use it to its best capabilities when they want to. To some, it causes a sense of discomfort without constant access to information through Smartphone.

It is also to be noted that only 19% of them feel nervous when being unable to get news on smart phones. This maybe because smart phones, though handy are not the only source of information for news and updates. Thus denied accessibility does not put them in a state of panic or nervousness.

***Giving up convenience***

The items in the fourth dimension of Nomophobia are related to the feelings of giving up the comfort provided by the smart phones and reflect the desire to utilize the convenience of

having one. It is found that some people hold as much as 230 applications. 35% of them agree that they fear running out of battery. 21 % are also afraid of getting stranded somewhere when their smart phone is unusable.

40% of people confess that they constantly try to connect a Wi-Fi network when they do not have data signal, moreover, people check for Wi-Fi irrespective of whether they have a mobile data plan or not. This may also explain why 62 % of the population does not panic when they hit their balance or monthly data limit. 47% of them say that they feel a desire to check their Smartphone when they haven't checked it for a while. It is also associated with habits of often using them for no particular reason or repeatedly thinking about it when not using their Smartphone.

It is evident that 'not being able to communicate' is the highly obtained dimension because in India there is a constant need to communicate with close contacts in terms of culture or security where parents keep constant vigil of their child's whereabouts. Whereas, 'losing connectedness' is the least obtained dimension. Though technological advancements are happening in India, results suggest that that we have not yet come to the point where one enjoys living in a virtual world with unseen online friends.

### CONCLUSIONS

It is true that Nomophobia is prevalent in the Indian society. But the level of Nomophobia is presently not that threatening to such an extent where people should be recommended for a digital detox. It is found to gradually increase in the student population with texting as the major use. Majority of males are found to fall under mild Nomophobia category while most females fall under moderate Nomophobia category. Results show that the anxiety of 'not being able to communicate' with family and friends are higher than the nervousness of losing one's online identity. This shows that the extensive usage of Smartphone is for a genuine purpose of communication and not to maintain a perceived virtual world. Yet, though minimal, there are about 20% people who agreed that arguments have arisen with others because of their Smartphone use, that they interrupt whatever work they do when contacted on Smartphone and that they have been unable to reduce their usage. These are indicators to the fact that we are slowly walking towards a digitally dependent future. If there is no awareness and conscious monitoring of dependent behavior now, when things go out of hands, it might be too late to realize that it was the people who had been at the mercy of technology and not otherwise.

### LIMITATIONS

1. A larger sample size may be a better representation of the total population of India.
2. Cluster sampling could be used to understand a region/state wise perspective.

### *Acknowledgments*

The author appreciates all those who participated in the study and helped to facilitate the research process.

**Conflict of Interests:** The author declared no conflict of interests.

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## **A Study of Emotional Intelligence on CBSE and ICSE Adolescents**

Dr. Rajani Ramesh Senad<sup>1\*</sup>

### **ABSTRACT**

The aim of the present study is to examine the emotional intelligence and its four dimensions, i.e. understanding emotions, understanding motivation, handling relation and empathy of CBSE (male and female) and ICSE (male and female) adolescent. The present study was carried out on 200 adolescents (100 CBSE boys and girls) and (100 ICSE boys and girls) with age range of 13 to 16 yrs. Result revealed that the CBSE students are higher level of Emotional Intelligence, Understanding Motivation and Empathy than ICSE students. Females (girls) student are higher level of emotional intelligence, understanding motivation and empathy. Regarding to understanding emotion and handling relation it was concluded that there is no significant difference in CBSE (male and female) and ICSE (male and female) students.

**Keywords:** *Emotional Intelligence, CBSE, ICSE, Adolescents*

The word Emotional Intelligence (EI) has been used in the last two decades and studies have proved that EI shapes human behaviour and effects personality deeply. Howard Gardner, a psychologist in his book: frames of mind, 1993 proposed that there was not just one monolithic kind of intelligence that was crucial for life's success.

Emotional Intelligence (EI) is the ability to identify, assess, and control the emotions of oneself, of others and of groups.

Emotional Intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought to understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote emotional and intellectual growth. (J Mayer and P. Salovey 1997).

Emotional Intelligence (EI) refers specifically to the interplay between intelligence and emotion an interaction between intelligence and emotion forms the basis for human competence in any activity.

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## **A Study of Emotional Intelligence on CBSE and ICSE Adolescents**

The psychology dictionary definition of EI is the awareness of and ability to manage one's emotions in a healthy and productive manner." Currently EI become increasingly popular as a measure for identifying potentially effectively leader and it may use as a tool in developing effective leadership skills. (George 2000; Jooste, 2004).

In response to this situation, the study of Bar on (2005) offered three major conceptual models of EI i.e. 1) The salovey – Mayer Model, 2) The Goleman Model 3) The Bar on Model.

Research show that IQ accounts for only about 20 percent of a person success in Life. The balance can be attributed to EQ. IQ is a measure of intelligence quotient whereas EQ is a measure of Emotional quotient.

Ciarrochi et al (2000) empirical studies showed that there is strong relationship between emotional intelligence and personality. Esmaail and Jamkhaneh (2013) in their study concluded that there is significant relationship between components of emotional intelligence and mental health of men and women totally. Gupta and Kumar (2010) found that there is significant relationship between emotional intelligence and mental health of students. Nada Abi Samra (2000) report that the emotional intelligence is positively and significantly related to Academic achievement.

Darolia and Darolia (2005) studied the role of emotional intelligence in coping with stress and emotional control behaviour and their results prove that EI helps in coping with stressful situations.

Emotional intelligence has been found a reliable predictor of academic achievement than general intelligence. A large amount of research work done in the previous century concluded that the higher the intelligence the better the academic performance. Later observations made in other studies revealed that many adolescent boys and girls' in spite of having good IQ levels were not able to show equivalent performance. Their declining performance appeared as a result of their emotional disturbances, problems in managing relationships, and insufficient coping mechanism to deal effectively with environment, such results made the researchers think, analyze academic performance.

In our educational institutions and all developing countries the emphasis even today is on academic factor (read IQ) rather than emotional factor (read EQ) with the passage of time, we have realized that emotional factors are as important as academic factors and in most cases, more important. In India, people give the importance of higher education. Parents always try to give the best education for their child. Most of the parents choose and prefer between CBSE and ICSE patterns of education. The present investigation aim is to study the emotional intelligence of CBSE and ICSE students.

## A Study of Emotional Intelligence on CBSE and ICSE Adolescents

### *Statement of the problem*

To study the emotional intelligence and its four dimensions, i.e. understanding emotions, understanding motivation, empathy and handling relations of CBSE and ICSE students.

### *Objectives*

The following were objectives of the present study.

1. To Assess the Emotional Intelligence among CBSE and ICSE (male & female) students.
2. To assess the understanding Emotions of CBSE and ICSE (male & female) students
3. To assess the understanding motivation of CBSE and ICSE (male & female) students.
4. To assess the empathy of CBSE and ICSE (male & female) students.
5. To assess the handling relation of CBSE and ICSE (male & female) students.

### *Hypothesis*

Keeping in view the nature of the study the following hypotheses are formed.

1. There is significant difference on Emotional Intelligence of CBSE and ICSE students.
2. The boys (male) and the girls (females) differ significantly on their emotional intelligence.
3. The CBSE and ICSE students differ significantly on the level of understanding emotions.
4. The boys and the girls differ significantly on the understanding emotions.
5. CBSE and ICSE students differ significantly on the level of understanding motivation.
6. The boy's students differ significantly on understanding motivation than girls students.
7. There is significant difference in handling relation of CBSE and ICSE students.
8. The boys and the girls differ significantly in handling relation.
9. There is significant difference between CBSE and ICSE students with respective empathy.
10. There is high empathy among girls students.

## **METHODOLOGY**

### *Sample*

The sample was drawn from the population of students taking school education in the area of Aurangabad city. The sample size was 200. It was chosen from the student belongs to CBSE and ICSE educational patterns studying in 9<sup>th</sup> and 10<sup>th</sup> classes (Age between 13 to 16 years). Final sample taken from Potdar school, ICSE Board, Aurangabad, and Potdar International School, CBSE Board, Aurangabad.

### *Distribution of subjects, Table No.1*

Educational stream →		CBSE		ICSE	
Gender		Male	Female	Male	Female
		50	50	50	50
Total		100		100	
Total		200			

***Operational Definition of Terms***

1. **ICSE Students:** on the basis of board pattern of education students belonging to Indian Certificate of Secondary Education.
2. **CBSE Students:** on the basis of pattern of Education, students belonging to Central Board of Secondary Education.
3. **Emotional Intelligence :** Emotional Intelligence is a set of factors which involve awareness of self and managing emotions, developing oneself through the power of empathy and motivation and building strong relation with people (Samira Malekar 2005)
4. **Understanding Emotions:** An individual's capacity to identify emotions in one's and others physical states, feelings and thoughts.
5. **Understanding Motivations:** A high achievement drive together with the tendency to be optimistic and take initiative.
6. **Empathy :** Ability to identify oneself mentally with others and to understand a person or thing accurately and read how other people feel, understand their perspectives, develop others, diverge diversity, read the mood of a group discern political realities and a tendency to take an interest in the lives of others.
7. **Handling relations:** To be able to manage and handle relation with others in a better way.

***Variables***

**Independent Variables (I.V.)**

- i) Board Pattern of Education (CBSE and ICSE)
- ii) Gender (Male and Female)

**Dependent Variables**

- i) Emotional Intelligence
- ii) Understanding Emotions
- iii) Understanding Motivation
- iv) Handling Relation
- v) Empathy

***Research Design***

2x2 (2 levels of patterns of education (CBSE and ICSE) 2 level of sex, (Male and Female) between subject factorial design.

***Tool***

Emotional Intelligence scale were used for data collection. Emotional Intelligence scale is developed by Dr.Arun Kumar Singh and Dr.Shruti Narain in 1971. The present scale can be used to measure the Emotional Intelligence and four dimensions, i.e. understanding emotions,



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understanding motivation, Empathy and Handling relation to a persons daily life. It was found to be 0.86 reliability and validity is 0.86.

### *Procedure of data collection*

The data was collected from the students on the various variable under the study. The school to be visited was decided in the sampling and then a written permission was sought out from the respective principals after discussing the purpose of the present study. Accordingly, a schedule was fixed in each school and then students were approached. The researcher distributed the questionnaire to the students, instructions regarding how to fill up the questionnaire was given. All the students filling the questionnaire.

## RESULTS AND DISCUSSION

Following table showing Means and F ratios of various variables according to pattern of education (CBSE and ICSE) and sex (Male and Female).

Variable IV	Pattern of Education		F	Male (Mean)	Female (Mean)	F
	CBSE (Mean)	ICSE (Mean)				
Emotional Intelligence	<b>23.63</b>	22.21	6.29*	22.20	<b>23.64</b>	6.47*
Understanding Emotion	3.16	3.05	0.729 (NS)	3.02	3.19	1.74 (NS)
Understanding Motivation	<b>5.56</b>	5.10	5.26*	5.13	<b>5.53</b>	3.98*
Handling relation	6.92	6.58	2.28 (NS)	6.59	6.91	2.02 (NS)
Empathy	<b>7.99</b>	7.48	5.05*	7.46	<b>8.01</b>	5.88*

According to patterns of Education, the first hypothesis is, "there is significant difference in Emotional intelligence of CBSE and ICSE students. In the above table the value  $F=6.29$  which is significant on 0.05. On the basis of mean score of student, the mean score of CBSE students ( $M=23.63$ ) is higher than ICSE ( $N=22.21$ ) students. Hence its concluded that the level of emotional intelligence is higher in CBSE students that ICSE students. The second hypothesis is that the male and the female differ significantly on the their emotional intelligence is accepted because F-value is 6.47 which is significant at 0.05 level on the basis of mean score it can be concluded that the emotional intelligence is better develop in female ( $M=23.64$ ) than Male ( $M=22.20$ ) students.

Regarding the understanding Emotion, it was concluded that there is no significant differences between CBSE and ICSE students, because f-value is 0.72, which is not significant on both level. On the basis of Gender, we can observed that there is no significant difference between male and

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female on the level of understanding emotions because F-value is 1.74, is not significant on both level.

Motivation is the very important part in student life. It is the ladder of success. It is a indicator of emotional intelligence. In the present research when understanding motivation was measured, the result show that CBSE students ( $M=5.56$ ) have higher level of understanding motivation than ICSE students ( $M=5.10$ ) ( $F=5.26^*$ ). It was also observed that female students were better in understanding motivation ( $M=5.53$ ) than Male students ( $M=5.13$ ) ( $F=3.98^*$ ).

Handling relation is the ability to manage and handle relations with others in a better way. On the basis of statistical analysis, we found that  $F=2.28$  which is not significant difference in handling relation of CBSE and ICSE students. On the basis of Gender, F value is 2.02 which is not significant at both level, Hence it can be concluded that there is no significant difference in handling relation of CBSE and ICSE students. On the basis of Gender, F value is 2.02 which is not significant at both level, Hence it can be concluded that there is no significant difference in handling relation of boys and girls.

Empathy is a primary factor or backbone of emotional intelligence. According to above table, on the basis of empathy of CBSE and ICSE students, F value is  $5.05^*$  which is significant at 0.05 levels, it means that there is significant difference between CBSE and ICSE student with respect to empathy. On the basis of mean value, we can be concluded that CBSE student ( $M=7.99$ ) have better empathy than ICSE ( $M=7.48$ ) students. Regarding Empathy it was assumed that the girls have higher empathy than boys. This hypothesis was accepted because F value is 5.88 which is significant at 05 level. In the present research we have observed that the female ( $M=8.01$ ) have higher empathy than male ( $M=7.46$ ).

Above all the discussion, we have noticed one thing that CBSE students are higher level of Emotional intelligence, understanding motivation and Empathy than ICSE students. When we are compared both Educational patterns of Educations, (CBSE schools, CBSE pattern, syllabus and teaching methods as more old. CBSE pattern is more popular because CBSE board helps more engineering and the Medical field. In India all major competitive exams are based on the CBSE syllabus hence it be say that students are more familiar with CBSE board, therefore, CBSE students have higher emotional intelligence than ICSE students).

Gender role is important in this investigation. We observed that females are higher level of emotional intelligence, understanding motivation and Empathy. In the traditional Indian Society a girl is subjected to different kinds of socialization practice than a boy. She is consciously or unconsciously subjected to an environment where she has to behave in a responsible, caring and submissive manner. All these practices she is to make a well understanding, the relation of others. Due to these differences in boys and girls all above factors has been affected.

## CONCLUSIONS

The CBSE students are higher level of Emotional Intelligence, understanding motivation and Empathy than ICSE students. Females (girls) students are higher level of emotional intelligence, understanding motivation and Empathy. Regarding to understanding Emotion and Handling relation there is no significant difference CBSE (Male and Female) and ICSE (Male and Female) students.

## SUGGESTIONS

Every parent to teach their child only one lesson to be emotionally literate. That is the skill the child will need in order to overcome stress, anxiety, frustration, disappointment, anger, hurt and despair. They would teach their child that difficult situations in life help to improve our self esteem, courage, and self reliance and enable us to handle life on our own terms.

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## **Increase in Depression among the People of Kashmir Due to Insurgency**

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### **ABSTRACT**

The present research article has been written as it highlighted the influence of insurgence on the people of Kashmir. It has shown the depression among the people has increased in their life and affected their mental health. The routine life of Kashmiri people got affected by the various issues of conflict. These elements have changed the normal life of people into depressive life.

**Keywords:** *Depression, Insurgency, Mental Health*

Major depressive disorder (MDD) is frequent, costly, and disabling (Greden, 2001; Nierenberg and DeCecco, 2001; Ustün et al., 2004). The World Health Organization has finished that MDD is the utmost cause of disease burden in North America (Mathers and Loncar, 2006). Depression is a condition of low mood and repugnance to activity that can affect a person's thoughts, behaviour, judgment and sense of well-being. Persons with a depressed mood can feel sad, anxious, unfilled, discouraging, helpless, worthless, guilty, bad-tempered, humiliated or restless. They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have troubles concentrating, remembering details or making decisions, and may consider, attempt or commit suicide. Insomnia, extreme sleeping, fatigue, aches, pains, digestive exertion or abridged energy may also be present. Depressed mood is a characteristic of some psychiatric syndromes such as main depressive disorder, but it may also be a customary reaction to life proceedings such as grief, a symptom of some bodily ailments or a side effect of some drugs and medical treatments. The UK National Institute for Health and Care Excellence (NICE) 2009 guidelines point out those antidepressants should not be routinely used for the initial treatment of mild depression, because the risk-benefit ratio is poor.

Mental, physical and social health, are imperative strands of life that are intimately interwoven and deeply interdependent. Mental disorders impinge on people of all countries and societies,

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individuals at all ages, women and men, the rich and the poor, from urban and rural environments. Depression is more likely subsequent particular classes of experience – those connecting conflict, disruption, losses and experiences of humiliation or trap. Many people living amidst the rages of conflict experience from post-traumatic stress disorder.

A current World Health Assembly called on the World Health Organization and its member states to take stroke in this direction (WHO, 2012). While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). Mental, physical and social health, are fundamental strands of life that are strongly interwoven and deeply mutually supporting. Depression is more likely following meticulous classes of experience – those involving conflict, disruption, losses and experiences of humiliation or entrapment. World Health Organization has positioned depression as the fourth among the list of the most pressing health problems worldwide and has predicted it to become number two in conditions of disease burden by 2020 overriding diabetes, cancer, arthritis etc.

### **KASHMIRIS AND DEPRESSION**

Violence is occurrence intrinsic to class-based societies which are intrinsically imbalanced and oppressive. Violence here may either take implied forms in the approach of institutionalized oppression and inequality, or a more explicit form of state ascendancy through the use of state authorized institutions, such as the police, the armed and courts. It could even assume a more unswerving form, whereby civilians administer the task of a destabilized state through militia groupings. Large-scale violence may also take the form of mass uprisings in opposition to the oppression of dominant classes. Civilians are increasingly being beleaguered in these episodes of current violence. To lessen military casualties, civilians are used as protective shields; torture, rape and executions are conceded out to undermine morale and to eradicate the cultural links and self-esteem of the population. Most civilians witness war - interrelated traumatic events such as shooting, killing, rape and loss of family members. The degree of psychosocial troubles that results from this mass revelation to traumatic events can ultimately threaten the prospects for long-term stability in society. Depression is the most common psychiatric problem faced by adults and is associated with functional impairment, suicide, future academic failure, marital difficulties, unemployment, substance abuse, and legal problems. In depression, there can be a sense of powerlessness, hopelessness and an all-pervasive gloom. The most important thing to understand is that when a person is depressed, it becomes a rotating cycle. The more depression a person feels, the less stress they can tolerate. It can also be ongoing or it can appear and disappear. Researchers have proved that occurrence of depression symptoms are more likely in females than males. The term "depression" covers a variety of negative moods and behavior changes. Some are normal mood fluctuations and others meet the definitions of clinical problems. The mood change may be temporary or long lasting. It may range from relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively. Depression is an affective, or mood disorder. It is an illness that immerses its

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sufferers in a world of self-blame, confusion and hopelessness. It is an illness of the mind and the body. Some could argue depression is a way of coping with life's pressure (Schwartz and Schwartz, 1993). Mayer-Gross, Slater and Roth (1960) have suggested that approximately three or four out of 1000 people suffer from affective disorders that require treatment. Roth (1959) suggested that the incidence of the disorder may be as high as 4 per cent in men and 8 per cent in women. The major mood disorder as listed in DSM-IV, are major depression also referred as unipolar depression and bipolar disorder.

Unipolar depression is marked by profoundly sad mood and disturbances of appetite, weight, and sleep and activity level, (becoming either lethargic or agitated). The formal DMS-IV diagnosis of a major depressive episode requires the presence of five of these symptoms nearly every day for at least two weeks. Either depressed mood or loss of interest and pleasure must be one of the five symptoms.

- 1) Sad, depressive mood.
- 2) Loss of interest and pleasure in usual activities.
- 3) Difficulties in sleeping (insomnia), not returning to sleep after awakening in the middle of night, and early morning awakening or in some patients, a desire to sleep a great deal of time.
- 4) Shift in activity level, becoming either lethargic (psychomotor retardation) or agitated.
- 5) Poor appetite and weight loss, or increased appetite and weight gain.
- 6) Loss of energy great fatigue.
- 7) Negative self-concept, self re-approach and self-blame, feeling of worthlessness and guilt.
- 8) Complaint or evidence of difficulty in concentrating such as slowed thinking and indecisiveness.
- 9) Recurrent thoughts of death or suicide.

Major depression is one of the most widespread of disorder with a life span prevalence rate between 4-5 percent (Weissman et al., 1988). The average age of onset is between forty and fifty and is more common in women than in men. It is also more frequent among members of the lower socio-economic classes (Hirserfield and Cross, 1982).

The critical symptoms of bipolar disorders are the irritable mood, talkativeness and hyperactivity of mania, as well as episodes of depression. Bipolar disorder occurs less often than major depression, with a prevalence rate of about 1% of the population, (Myers et al., 1984). The average age of onset is thirty, and it occurs equally often in men and women.

Over the last 20 years, various methods have been suggested for reducing depression. One such method is to provide social support to depressed people. Security concerns are surrounded by the overriding themes in the minds of people living in Kashmir. This owes to the fact that death,

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injury, annihilation of belongings is the notable characteristics of life here due to conflict, disturbances and turmoil for the last 28 years. Traumatic events can have a profound and long-lasting impact on the emotional, cognitive, behavioural and physiological implementation of a personality. No age cluster is immune from exposure to trauma, and its consequences. The sound effects of trauma in terms of psychopathology are well understood in the case of adults, while as in the case of children they have only lately begun to be understood. In a turmoil situation, civilian casualties have been found to outnumber armed casualties by the most widespread traumatic event experienced is witnessing the killing of a close relative, followed by witnessing the arrest and torture of a close relative

### ***Causes and Risk Factors in Depression***

Depression-related inconveniences are not caused by a lone factor. The aetiology of depression is evidently multi factorial in nature, casing biological, psychological and social factors. The onset of depression is predisposed by adverse life events, and other factors may increase a person's susceptibility to depression or may impulsive the condition. Depression has a familial happening indicating that genetic susceptibility plays a role. Twin studies have shown the role of heredity: the concordance for depression in identical twins was more whereas in non-identical twins it was less. The hereditary pattern, however, is neither simple nor clear-cut and, of course, other explanations than genetic may also account for this familial occurrence. Adoption studies have customary that both heredity and environment have a role as risk factors. Neurochemical research of depression has grown rapidly since the 1950s when the first antidepressive drugs were launched. It has been exposed that several neurotransmitters of the brain have a role in the development of depression, the most important being noradrenaline, serotonin and dopamine systems. Most of the anti-depressive drugs amplify the amount of these neurotransmitters in the brain, especially that of noradrenaline and/or serotonin. Other biological disturbances in depression occur in the hormonal systems.

### ***Treatment for Depression***

- Even when depression is predictable, people may not get sufficient treatment. However, once the right therapy is found, the huge majority of people with depression can be treated successfully, which progresses quality of life and reduces the risk of suicide and premature death from other medical conditions.
- An amalgamation of antidepressant medications and psychotherapy (talk therapy) is often the most effectual approach to treatment, especially in older persons Current antidepressants influence the function of neurotransmitters. Three main types of antidepressants are available: tricyclic antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors (SSRIs).
- Psychotherapy is an imperative part of depression treatment, particularly in older people. The most effective types of psychotherapy for depression include Cognitive-Behavioural Therapy (CBT) and Interpersonal Therapy (IPT)

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- Electroconvulsive Therapy (ECT) remains one of the most effective yet most stigmatized treatments for depression.

### CONCLUSION

Depression is a mental disorder that is persistent in the world and affects us all. Unlike many large-scale intercontinental troubles, a resolution for depression is at hand. Efficacious and cost-effective treatments are reachable to get better the health and the lives of the millions of people around the world torment from depression. On an individual, community, and national level, it is time to educate ourselves about depression and prop up those who are suffering from this mental disorder. The depression is making normal life of people very hard and people with depression are getting very weak. The day today life people with depression are also getting affected to greater extend.

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## **Interventional Effect of Bhramari Pranayama on Mental Health among college Students**

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### **ABSTRACT**

Mental health as a being of well being in which individual realize his or her own abilities, can cope with normal stress of life, can work productively and fruitfully, able to make his or her community (World Health Organization, 2014). The present study is aimed to measure the interventional effect of Bhramari Pranayama on Mental Health in students. Total 60 subjects of Dev Sanskriti Vishwavidyalaya, Haridwar who enrolled in under graduate courses were selected. A mental health scale (Kamlesh Sharma 1996) was administered as a single group pre and post study. Fifteen minutes Bhramari Pranayam exercise session for 20 days used as an intervention variable in the study. Results revealed that Bhramari Pranayama intervention was found significant effect on mental health and increased level of mental health was found in post study in comparison to pre study. This concludes that Bhramari Pranayama provides a means to individual peace, happiness, develops optimism attitude, self esteem and proper coordination between mind and body.

**Keywords:** *Mental Health, Bhramari Pranayama*

**M**ental health is a term used to describe either a level of cognitive or emotional well-being or an absence of mental disorders. From the perspective of the discipline of **Positive Psychology** or **Holism**: "mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. Mental health is an expression of one emotion and signifies a successful adaptation to a range of demands". It has seen as fundamental to physical health and quality of life. It needs to be addressed as important components of improving overall health and well being of an individual. It is determined by multiple and interactive social psychological and biological factors just as health and illness in

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general. The World Health Organization (WHO) defines: "Mental health as a being of well-being in which the individual realizes his or her own abilities, can cope up with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."

Man has stepped into the 21st century. Medical scientists are working with many technologies to offer better health care and this century has made rapid strides in eradicating epidemics and pandemics through inventions of antibiotic and vaccine. But, in spite of these greater than 100 years, the expected quality of life with harmony and peace seems to be far from reality. Biochemical, psycho-neuro-physiology, immunological researches are all recognizing the role of mind or matter and pointing out that lifestyle, suppressed emotions are responsible for most of the problems either social or in psychological quanta. That's why people are moving towards alternative therapies. One of these is Yoga. It is a science not less than 5000 years old and able to transform normal man to higher state of harmony and peace both as individual and social being.

The literal meaning of Yoga is "to join", "to add", "to harmonize". In Patanjali Yoga Sutra, **Patanjali** states:

**"Yogascha chottvritti norodhah"- II/1**

Yoga is the restraint (control, mastery) of the modifications (changes, movement, thought-forms) of the mind field. This is the most fundamental of the yoga sutras; it is the yoga definition. It defines Yoga, Union, Self realization, Mind Control and Enlightenment.

Yoga is the culmination of psyche and its stuffs. The mind consists of various ongoing thoughts and already present thought. Yoga helps in removing and culminating those thoughts from psyche. Yoga is the union of psycho-spiritual and physiological balance of one's identity (**Sandeep Singh, 2009**).

Bhramari is a sanskrit word which is derived from "Bhramar" the black Indian bumble bee. It describes the characteristic humming sound which is produced while exhaling in this breathing exercise. **Karel, Netspar and Bhuti, Swarup (2000) states that** "Bhramari Pranayama reduces anxiety, stress, aggression, insomnia, depression and very useful after neurosurgery". In Bhramari Pranayama the ear is closed by thumb, eye is blocked by fingers and forehead is pressed to vibrate with higher amplitude. So, the resonance of mind is enhanced. Bhramari forms vibrations in the brain. By these vibrations the cerebral cortex sends impulses directly to the hypothalamus, which controls the pituitary gland or the master gland.

In present study, it was tried to improve the mental health of the subjects by the yogic practice named "Bhramari Pranayama". This breathing technique is very much useful for elevating positive mood and relieving anxiety and depression. This acts miracle in person with thyroid

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problems. It releases heat from body by perspiration and gives a feeling of pleasure. This Pranayama is also useful in lowering blood pressure and regulates circulation of blood. Keeping these views in the mind, the main objective of the study was to investigate the intervention effect of Bhramari Pranayama on Mental Health in students.

### ***Hypothesis***

1. Bhramari Pranayama sessions would be improves the Mental Health of the students.

## **RESEARCH METHODS**

### ***Participants***

A total of 60 under graduate students from various department of Dev Sanskriti Vishwavidyalaya, Haridwar, who were consented and ready to cooperate in the study were selected. The age ranges of the participants were 16 to 20 years. They were selected on the basis of incidental sampling technique. Participants who were suffering from any chronic disease were excluded from the study.

### ***Study Design***

The goal of the study was to examine the effect of Bhramari Pranayam on mental health, a single group pre and post study was designed.

### ***Description of Variables***

- Experimental Treatment/ Experimental Variable: Bhramari Pranayama (works as an Independent Variable)
- Dependent Variables: Mental Health

### ***Material and Procedure***

A Mental Health Scale (Kamlesh Sharma 1996) was used. It contains 60 items (30 positive and 30 negative statements). The scale has good psychometric properties. The split half reliability of scale has been found 0.88 and test retest reliability is 0.86. The validity coefficient with equivalent mental health checklist (Pramod Kumar 1996) was found to be 0.79.

Participants were contacted individually, a healthy rapport was established. The purpose of the study was told them and requests them to participate in study session. Participants, who were interested in fifteen minutes Bhramari Pranayam session for 20 days, recruited them. As per our study design was planned, mental health questionnaire was given. After taking their responses, participants were monitored regularly 20 days and then again mental health questionnaire was filled.

## RESULTS AND DISCUSSION

The aim of the present study was to investigate the intervention effect of Bhramari Pranayam on mental health in students. An effort has been made to know the intervention effect of Bhramary Pranayam on mental health; a paired sample t test was calculated for pre and post data. Table-1 shows the effect of Bhramaryi Pranayam on mental health. The effect of Bhramary Pranayam intervention was found significant [ $t = (59) 5.60, p > .01$ ]. Respective mean clearly shows the increased mental health score after Bhramary Pranayam intervention in comparison to pre mental health score. It means the practice of Bhramary Pranayam session increase the mental health condition of students with constant effort.

*Table-1: Mean, SD and t value of students*

Study Condition	Mean	S.D.	r	t-value
Pre	74.26	10.25	0.19	5.61**
Post	94.46	10.92		

Note: \*\* $p > .01$

The considerable evidences shows that Pranayama one's to discover the great life force, (Prana) that exists both within and around us. It is Prana that gives one energy and life. By learning to control one's breath, one can gain control over their emotions and their other mental states as well gradually becoming more sensitive to one's mind. How do one breathe also effects the heart, brain and nervous system, with the direct co-relation between the breath and anxiety, the breath is shorter, more frequent and quite shallow. The breathing patter maintains a level of arousal.

The Pranayama like Bhramari Pranayama stimulates the reflex of Autonomic Nervous System in turns the level of noradrenalin, a compound that functions as a hormone and neuro-transmitter in the nervous system, actually increase with a deeper breathe and resonates while exhaling. This secreted noradrenalin in turn helps one to decrease the level of neuro-hormones responsible for various stresses, anxiety and aroused mental state in deeper form through bio-feedback mechanism.

### *Limitations*

Participants were selected age group and its numbers cannot be considered as totally representative of wider population. Number of days and timing of Bhramari pranayam sessions limit to generalization of study. In spite of these limitations, finding gives a progress to research of mental health.

## CONCLUSION

Present study was done to investigate the interventional effect of Bhramari Pranayam on mental health. This study reveals the significance of Bharamari Pranayama & study also opens up a way to delineating the further importance of Bhramari Pranayam with mental and physical health.

## **The Interventional Effect of Bhramari Pranayama on Mental Health among college Students**

Bhramari Prayanama and Yoga could be play a vital role to improve mental as well as physical health especially for young adult, corporate, old age and patient with suffering from mental disorders in near future.

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## Marital Adjustment and Depression among Couples

Sneh Lata Rao<sup>1\*</sup>

### ABSTRACT

The present study is aimed at exploring the relationship between marital adjustment and depression among couples. Sample of the study consisted of 26 couples. Their age ranged between 25 to 50 years. Their education was at least gradation and above. They belong to middle and high socio-economic status. Marital Adjustment questionnaire developed by Pramod Kumar and Kanchana Rohtagi and Beck Depression Inventory were used. Results indicated highly significant relationship between marital adjustment and depression. The findings of the results also show that both, women and men have to face more problems in their married life.

**Keywords:** *Depression, Marital Adjustment, Couples, Family Structure*

**M**arriage is a commitment with love and responsibility for peace, happiness and development of strong family relationships. One of the most important relationships between a man and women is marriage. It involves emotional and legal commitment that is quite important in any adult life. Moreover, selecting a partner and entering into a marital contract is considered both maturational milestone and personal achievement. There is no doubt that the choice of marital partner is one of the most important decisions one makes in his / her lifetime. People marry for many reasons, like; love, happiness, companionship, and the desire to have children, physical attraction, or desire to escape from an unhappy situation.”

Marriage as "socially legitimate sexual union, begun with a public announcement and undertaken with some ideas of permanence; it is assumed with more or less explicit marriage contract, which spells out the reciprocal rights and obligations between the spouses and children. Marriage is the key to whole some adjustment involvement and satisfaction. Marriage is our most common life style. One definition of adjustment is adaptation behavior that permits us to meet the demand of the environment. The person both husband and wife must learn to live together to share, compromise, accommodate, adjust and plan together. Marriage is more important in society to solve our social, cultural, personal and sexual problems. **Landis (1954)** Marriage and family are not optional they are necessary. They meet Maries deepest needs “Marriage provides a person an

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opportunity for a secure and protected satisfaction of his needs for companionship, affection and sexual expression. It involves the most intimate types of emotional relationship between two individuals. **Journal of consulting and clinical psychology (1969)** in marriage we take the positive for granted and focus on condemning the negative.

The study of past concepts in marital adjustment showed that it is permanently necessary for those processes of acquiring a balanced and functional marital relationship (**Bradbury, Fincham and Beach, 2000**). **Grout and Clark (2001, Cited by Zadhoosh, 2008)** Showed that couples who respond their needs in marital relationship such as sexual needs, they have more satisfaction.

Marital adjustment denotes emotional stability, intellectual efficiency and social effectiveness people. Marital adjustment as 'the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other. Marital adjustment calls for maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, death in marital relationship is inevitable. A relationship between couples is not instantaneous rather a slow progress. "It is like the undetected cancer that kills silently and softly". A study on 581 couples and 25% of them disclosed that at some time in the adjustment process, they discussed discovering and 18% had seriously considered it.

Locke & Wallace defines marital adjustment as: "accommodation of husband and wife to each other at a given time"

According to Spanier and Cole, "Marital adjustment is a process, the outcome of which is determined by a degree of (a) troublesome marital differences (b) interpersonal tension and personal anxiety (c) marital satisfaction (d) dyadic cohesion (e) consensus on matters of importance of marital functioning.

The ultimate measurement of marriage is the degree of adjustment achieved by the individuals in their marriage roles and in interaction with one another. A well-adjusted marriage may be defined as a union in which the husband and wife are in agreement on the chief issue of marriage.

According to O.P. Mishra and S.K. Srivastava in marriage husband and wife should scarifies their egoistic attitude, to avoid mutual conflicts, feel mutual satisfaction, respect the each other interest and fulfils the expectations and aspiration related to marital life, all these will work in maintaining the good marital adjustment according to him the six dimensions of marital adjustment are: (a) Feeling for spouse (b) Harmonious relations (c) Communication (d) mutual understanding (e) sexual relations (f) other factors related to the marital life.

Comprehensive study of husbands and wives investigated some of the factors that contributed to marital satisfaction. Some of their findings revealed existing social, cultural, educational level



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the greater satisfaction. Occupation and income, which are often thought to be associated with levels of satisfaction, have no relationship with it. The number of children too affects marital satisfaction. There is evidence that the pressures of managing multiple roles in women are the greatest, and the psychological benefits of employment are the least, under conditions of heavy family responsibilities that is, when young children are at home. But beyond specific factors such as these, what is important to marital satisfaction over the course of marriage is the ability of partner to adjust to a variety of changes and to cope with a number of stresses. Marital role can be defined as set of attitudes and behaviors a spouse is expected to demonstrate in the content of the marriage relationship. A marital role comprises cultural expectations associated with the husband or with a wife. A husband is expected to provide used is considered as head of family while wife is expected to make home and companion, or the wife may be expected to be the strong one, upon whom the husband can rely.

Perhaps half of the adults suffering from severe stress blame the deteriorating relationships on their spouse. Looking at the growing rate of divorces, court cases for alimony, physical abuses and single parents; it does seem as if handling a relationship can be a tricky and often taxing issue. The possible causes can be endless. More often than not, stress arising from marital relationships is manifested in chronic disorders such as depression, insomnia and hypertension. Since a relationship depends on the nature of the persons involved, it helps to seek the middle path when the inherent individual differences surface. It often helps to change one's attitude, go for counseling or talk openly with your spouse about problems facing your relationship.

Depression in a spouse is an issue that most couples will face at some point in their marriage. Depression is a normal and natural response to loss or grief, whether a death, separation from a loved one, job loss, loss of physical health, or relocation. Marital distress and relationship conflict also contribute to depression. Symptoms of depression include feelings of sadness, hopelessness, helplessness, anxiety, irritability, agitation, fatigue, low energy, and a reduced activity level are common, and there is also withdrawal from social contact and loss of interest in previously enjoyed activities, including sex. There may be changes in appetite, weight or sleep patterns, memory problems or difficulty concentrating. Often there are feelings of worthlessness or inadequacy and a lowered sense of self-esteem. In more serious cases there may be suicidal thoughts or a feeling that "life is not worth living" (Comer, 1996). Married women have higher rates of depression than unmarried women, but the reverse is true for men. Marriage seems to confer a greater protective advantage on men than on women. Marital adjustment and depression are strongly related. In a research, collected data on 695 women and 530 men and then re-interviewed them up to 1 year later. During this a number of participants separated from or divorced their spouses though the majority reported stable marriages. Approximately 21% of the women who reported marital split during the study experienced severe depression, a rate three times higher than that from women. Some facts of women's mental health are:

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1. Recorded rate of anxiety and depression are one and a half to two times higher in women than in men.
2. One study showed that 57 percent of those attending emergency departments for self-harm are women.
3. 13-15% of new mothers experience postnatal depression.
4. 90% percent of the 1.6 million people in the U.K. who have an eating disorder are female.

### ***Objective of the Study***

The main objectives of the present study are as under

1. To study the effect of family structure on marital adjustment.
2. To find out the level of marital adjustment of women and men.
3. To find out the level of depression of women and men.

### ***Hypothesis of the Study***

1. There will be better marital adjustment in nuclear family for women and poor marital adjustment in joint family for women.
2. There will be better marital adjustment in joint family for men and poor marital adjustment in nuclear family for men.
3. There will be any significant mean difference on marital adjustment between women and men.
4. There will not be any significant difference on depression between women and men.
5. Highly significant correlation between marital adjustment and depression of couples.

## **METHODOLOGY**

### ***Sample***

For the current study, a sample consisted of 26 couples (26 women and 26 men, N=52) with the marital life ranging 5-10 years residents of Vellore City, Chennai, India. The sample was further divided into two categories 13 couples (13 married women and 13 married men, N=26) from joint family and 13 couples (13 married women and 13 married men, N=26) from nuclear family. All the couples were selected middle class socio-economic strata with a minimum qualification (55% Graduation and 45% Post Graduation) they belonging to the urban (80%) and rural (20%) area. Mean age of women and men was 32.54.

### ***Variable***

Independent variable: Marital Adjustment, Depression

Dependent variable: Women and Men.

### ***Inclusion and Exclusion***

The age range between of participants from 25 to 50 years. The minimum educational level of the graduation and they were selected from different socioeconomic backgrounds. The newly married couples were excluded from the present study.

## **OPERATIONAL DEFINITION**

### ***Depression***

Depression is a mood disorder that can affect behavior and emotions. Symptoms of depression include feeling down most of the time, losing interest in previously enjoyable activities, increase or decrease in appetite or weight, sleeping more or less, becoming easily agitated or lethargic, feeling worthless, feeling guilty, having difficulty concentrating, thinking more about death and dying.

### ***Marital adjustment***

Marital adjustment is defined as the condition in which there is usually a feeling of pleasure and Contentment in husband and wife and with each other. (Hashmi, Khurshid, and Hassan, (2007).

### ***Instruments***

Following is a brief description of the tool used in the present study along with its psychometric properties. The personal data sheet used that collected demographic information such as name, age, gender, education, socio-economic status, nature of the family structure ,nature of job, marriage tenure, ecological area-rural/urban of the participants.

### ***Beck depression inventory (BDI)***

Beck Depression Inventory (BDI-II) given by Aaron D. Beck was used .The BDI-II is a self-report measure of depression, consisting of 21 items that assess the severity of affective, behavioral, cognitive, and somatic symptoms of depression. Each item is scored on a 3-point scale. The reliability and validity of this test was very high i.e. .93.

### ***Marital adjustment Questionnaire***

The Pramod Kumar and Kanchana Rohtagi's Marital Adjustment scale is a simple measure of marital adjustment. The measure can be used as a brief screen to identify degree of marital adjustment. The scale involves 25 questions with dichotomous options (Yes / No). A 'yes' response is assigned a score 1 except for items 4, 10 and 19 in which case reverse is applicable. The sum of these values gives the marital adjustment score for the husband or the wife. Since the responses contributing towards marital adjustment are given a score, the higher the total score, the higher would be the marital adjustment of the husband or wife.

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### *Procedure*

In this study the above scale was used to assess marital adjustment and depression of the women and men .participants were selected through convenience sampling .the scale was given to each participant individually and was administrated as per the standard printed with scale. The couples were approached at their houses and fill-up the questionnaire. The responses were recorded. The independent t-test, F-test and r were performed to test the present hypothesis of the study.

## RESULTS AND DISCUSSION

In order to address the objective of the present study, F-test, t-test and r was calculated and the findings have been tabulated

*Table no. 1 Profile of Respondent*

Values	Frequency	Percentage
married women	26	50
married men	26	50
<b>Age</b>		
50-41	23	45
40-31	25	49
25-30	3	6
<b>Marital Status</b>		
Married	52	100
Unmarried	0	0
<b>Family Structure</b>		
Joint Family	23	50
Nuclear Family	23	50
<b>Education</b>		
Above Graduation	29	55
Graduation	23	45
<b>Socio Economic Status</b>		
4-5 Lakh	26	50
3-4 Lakh	26	50

## Marital Adjustment and Depression among Couples

**Table no. 2 AB Interaction Table**

Marital Adjustment	Family Structure		Total
	<b>b<sub>1</sub></b>	<b>b<sub>2</sub></b>	
<b>a<sub>1</sub></b>	<b>238</b>	<b>253</b>	<b>491</b>
<b>a<sub>2</sub></b>	<b>250</b>	<b>514</b>	<b>511</b>
<b>Total</b>	<b>488</b>	<b>514</b>	<b>1002(G)</b>

The 2 Way ANOVA permits the study of two factor or variables. The first variable (Factor A) has two levels that are women and men, represented by a<sub>1</sub> and a<sub>2</sub> respectively. The second variable (Factor B) has two levels. That is joint & nuclear family represented by b<sub>1</sub> and b<sub>2</sub> respectively.

**Table No. 3 ANOVA scores of marital adjustment of Married Women and Men**

Source of variation	SS	df	MS	F
<b>A</b>	<b>7.69</b>	<b>1</b>	<b>7.69</b>	<b>0.65</b>
<b>B</b>	<b>13</b>	<b>1</b>	<b>13</b>	<b>1.09</b>
<b>AB</b>	<b>0.30</b>	<b>1</b>	<b>0.30</b>	<b>0.03</b>
<b>Within Group (Error)</b>	<b>574.24</b>	<b>48</b>	<b>11.97</b>	

F.99(1,48)=7.19  
F.95(1,48)=4.04

Results, Table -4 shows the summary table of 2 Way ANOVA, we have divided each of the sum of squares (SS) by the corresponding degrees of freedom (df) to obtain the mean of squares (MS). In the column headed F the mean squares of A, B, AB have been divided by the within group mean Squares (Error). The F ratio in respect of factor A has been found to be 0.65. We consult the F table, given in the Appendix, Table B for 1 and 48 degrees of freedom and observe that the critical value is 4.04 at .05 level and 7.19 at 0.01 levels. The observed value of 1.09, less the critical value at 0.05 and 0.01 level. Further we observe that the F ratio in respect of factor B is <.01 levels, hence it is not significant. The AB interaction F, based on 1 and 48 df, is found to be 0.03. The critical value is 4.04 at 0.05 level and 7.19 at 0.01 levels. The observed value of F less the critical value. Results shows the no significant difference between marital adjustment and family structure so the our hypothesis (better marital adjustment in nuclear family for women and poor marital adjustment in joint family for women, better marital adjustment in joint family for men and poor marital adjustment in joint family for men, any significant mean difference on marital adjustment between women and men) reject.

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**Table No. 4 Means, Standard Deviations and t-value of Scores of Working and Non-working Married Women on BDI (Beck Depression Inventory)**

Mean of Married Women (N=26)	Mean of Married Men (N=26)	SD	t
23.77	24.46	3.64	2.38

Results in table 4 show that there is non-significant difference between depression and working and non-working married women ( $t=2.38$ ,  $df=50$ ,  $p=n.s.$  at 0.05 level). The results indicate that married women and married men both have to face depression in their married life. Findings do not support our hypotheses that married women have to face more depression as compared to married men.

**Table No. 5 Correlation Matrix of Scores of BDI (Beck Depression Inventory) and MAD (Marital Adjustment) (N=52)**

Scale	MDA
BDI	.50**

Results presented in the table 5 indicate that there is highly significant correlation between the two measures. The table also suggests that the correlation of BDI (Beck Depression Inventory) and MDA (Marital Adjustment)  $r=.50$ . It indicates that if depression is high in couples then their married life will be suffered. The hypothesis regarding this relationship is supported, which implies that higher the depression lower would be the marital adjustment.

## CONCLUSION

The findings of the study indicate that working and non-working married women have to face more difficulties in their lives like they experienced more stress and depression. This study helpful in knowing just to spend a simple married life because our society is male oriented and women are suppose to face all the problems effectively. In Indian society both, men and women play a pivotal role and their roles may be defined based on their cultural values and societal norms. Marital adjustment has been related to personality, job and home stress, mental illness, depression, education, sex role attitudes, happiness and success in life.

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## Effects of Frequent Change of Schools on School Going Children: A Narrative Interpretation

Prarthana Saikia<sup>1\*</sup>

### ABSTRACT

Changing of environment can have lots of impact on the person's personality. Children of parents, who are in transferrable jobs, have to go through frequent change of schools and cities. This can have a lot of impact in their cognitive and emotional process and can on a whole have impact on their personality. The present study is about how children whose parents are in transferrable jobs cope with their frequent change of their school environment. They go through frequent change of school, leave their old friends and make new friends and adjust to new environment every time their parents gets a new posting. The study was done on 10 adolescents, who had changed their schools at least twice in their life time. They were interviewed about their experience of changing schools. Their emotional and social aspects were taken into accounts. A narrative analysis was done. Through the method of coding, categories and patterns, common themes were developed for analysis.

**Keywords:** *Transferrable Jobs, Change of School, Narrative Analysis*

Family and school is said to be two most important places where child transform from mere an individual to an identity that can contribute for society and human kind. Although family is the place where a child encounters first, school also contribute tremendously to the development of the child. Durganand Sinha (1977) in his research on ecological model for understanding the development of children in Indian context included both home and school in upper and most visible layer.

Although most of us belongs to only one family to which we were either born or adopted into, we can change our school for various circumstances. As a child born or adopted into a family, he or she completely depends on it for its protection and for provision of basic needs. Family nurture and tech the child in early years of life till it can enter school. In social sciences, family is define as a socially recognized group (usually joined by blood, marriage, or adoption) that forms

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an emotional connection and serves as an economic unit of society. Family fulfils emotional and basic needs of a child by providing him/her love, food and care. Parents have custody over their children. As the child reaches school going years his/her parents usually decide about which school their children will enter. They take utter most care in choosing school for their children.

School is another area of life where a child can explore himself and herself. Besides cognitive and intellectual development of the child in school, the child also develops socially. School provides an environment where a child enters into a social world. The child learns to make friends, know how to approach other people and how to keep relationships. Schools also take care of child's creativity and other developments.

### ***Change of school***

Although stability of environment is recommended for children, many families today have to move to different places due to various reasons. They move due to change of jobs, business, transfer in jobs, divorce, and separation of parents etc. These moves can bring in stress for parents as well as for children. In China, Lijadi. A. A. and Schalkwyk. G. J. (2014) has done a research on third culture kids (TCK) found that these children struggles in building intimacy and companionships and deep friendships, and also find it difficult to maintaining relationships with others and also fear of commitment in relationship. They found that because of third culture kind's mobility and multicultural lifestyle created difficulties for them to constantly striving for establish and maintain social interaction in their ever-changing world. They have to acquire different skills and adapte and change in order to accepted by their environment.

Movement accompanied by packing, shifting homes and unpacking. Besides these physical changes people also have to go through certain psychological changes. They have to adjust to new environment, make new friends, learning of new culture etc. These changes are along with the change of school for children. Children have to adapt to new course, makeup for courses already done and social pressure of making friends etc. They sometime also have to go through bullying or ragging. Meng. X and Yamauchi. C (2015) found adverse impact of exposure to parental migration on Children's health and educational outcomes.

Movement could also accompanied by change in physical environment and this could affect child's health and well-being. Vutha H, Pide. L and Dalis. P (2014) in their research found that children of migrating parents have impact on wellbeing. Their result shows that children of migrating parents have poor school attendance and school dropout is also high for these children. Although migration is found to have no significant impact on vaccination of children, it does affect the health of children evident by increasing number of injuries and illnesses as well as malnutrition. (Vutha H, et. al., 2014). But there are some other researches shows no such effects. Murphey. D, Bandy. T, Moore. K. A. (2012) done a quantitative research on young children's well-being who frequently moves their residence. In their research they have not found any obvious harm to well-being of children who frequently move their residence. Although they have

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said that they have selected only limited set of wellbeing measures and so might have missed some important aspects of child's experience.

Learning a new language in a new place along with other adjustment itself could create more stress. This is even so true in country like India where each state has its own native language and within a state it has several variations. Language played crucial role for TCKs, as a valuable skill to blend in, to communicate and to make friends. (Lijadi. A. A. and Schalkwyk. G. J., 2014). They have also found that despite having lived in many different contexts (countries or cultures) and speaking different languages, the TCKs in their collage preferred to use magazines in the language that they were familiar with and used in their everyday lives within the family.

### *Cultural shock*

Going to another culture may also accompanied by cultural shock. People come across new values, new practices, and way of living. When people's own culture doesn't match with another culture they usually experience cultural shock. This may also be true for children, although children are more flexible than adults. There are five stages of cultural shock that people usually go through. First is honeymoon phase, where people may be excited to enter the new culture. They are excited, happy, expect good things. Second phase is called rejection phase. In this phase people come across new problems in new culture and this lead to tension and confusion. In third phase, i.e. regression phase, people move backward, spend much time speaking own language, eat food from home etc. Forth phase is called recovery phase, where people become more comfortable with the language and also feel comfortable with new customs of new culture. In the last stage, reverse culture shock where people now get culture shock when they return to their original places.

As it can be seen from the above literature family and school both play a crucial role in children's life. Children of parents who are in transferable job have to shift school to move with their parents. The present study aims to explore effect of this frequent change of school on child's emotions and how they cope with it.

## **METHODOLOGY**

### *Research questions*

1. What kind of memory they have about their previous schools?
2. How they view the process of changing school?
3. Do children go through the same stages of cultural shock that adult go through?

### *Design*

This research was conducted using a thematic model design. This model focuses on the content of a narrative: 'what' is said more than 'how' it is said, the 'told' rather than the aspects of 'telling' (Riessman, 2008: 54). The content of the told story is at the centre of thematic analysis.

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There is minimal attention to structures selected by the narrator to tell her/his story, function or contextual details of the stories (CigdemEsin, 2011). The analysis starts with open coding and then common themes are group together to connect it to theoretical framework or to emerge new themes.

### *Participants and sample*

Participants are in the age group of 12 to 16 years of age. Out of the 10 participants interviewed six were female and four were males. Seven of them have changed 5 to 6 schools at the time of interview. One of the have changed 4 schools and other two have changed 3 schools.

Participants are recruited through purposive sampling. They were asked by research if they want to participate and none of them have refused to participate. Most of their parents work in defence sector. They have lived with both of their parents throughout their life.

### *Data collection*

A small semi-structured interview was conducted by the researcher with each. Individual interviews were conducted in English language using the following interview guiding questions.

Can you tell me about yourself, your life, your family, and your friends?

How many schools you have changed till now?

Can you tell me about your first day in this school?

Can you tell me about your last day in your previous school?

How you have felt when you first heard from your parents that you have to leave your school?

How you feel now in your new school?

Tell me about any memorial experience you had with your friends in your previous school.

Is there anything else that you want to talk about? I'd love to listen to you.

Interviews were held in a place where privacy could be secured, such as counsellor's room. Content of the inter-view was recorded by noting down participants responds by researcher. Care was taken to record verbatim responses as far as possible.

### *Data analysis*

A hermeneutics approach was used to analyse the data. The records were read several times to get a general picture of participants' experiences. Preliminary categories were found out initially through coding and some of these codes were clustered to come up with broad themes.

## **RESULT**

Analysis of the data in the interviews revealed a variety of themes, the predominant five of which will be presented in this paper. They are-

- Sadness
- Emotion provoking Memory

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- Special friend
- Habituation
- Excitement

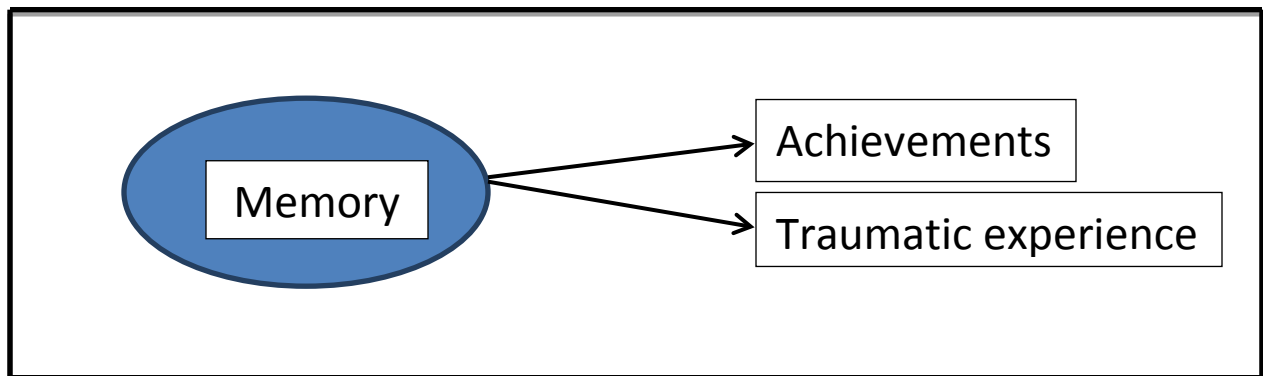
### 1. Sadness

Participants mentioned that they have experienced sadness while leaving their previous school. Some of them also mentioned they still feel sad that they are away from their friends. For example- one of the participants mentioned.

*“I can never forget that day. My friends were very aggressive. They told me not to go. All my friends were very good. I was not feeling good. I meet them at 8pm in night. I left them and promised them that I will come back again.”*

### 2. Emotion provoking Memory

There are two kinds of memories that participants expressed. They were related to some kind of past achievements and some traumatic experience that ultimately turned in their favour or learned some important lesson.



Some of the accounts are as follows

*“Deep, a friend of mine, he saved me. Some boys were throwing stones. It was about to hit me. My friend Deep just stood in front of me. And he got hurt instead”*

*“The place was very memorable for me as I was monitor of the class and also head girl of the school.”*

### 3. Special friend

The participants mentioned about certain special friend whom they miss a lot. They are still in contact with them and are very sad that they have to leave them and move to new place. One participant mentioned the following account.

*“I made a friend in my last school. He was very good. My first day with him was very good. Every day was very memorable with him. We do WhatsApp each other frequently. On my last day he gave me a party and I also gave him a party.”*

#### 4. *Habitation*

Participants selected in the study have changed their school several numbers of time. So they are habituated in changing schools and environment. Most of them had no problem in adjusting in their new classroom. They started making friends, shared tiffin and taken note from the first day itself. Following account illustrate theme habituation.

*“I came with my parents. We went to principal ma’am. She had taken me to my class. From there I went to assembly. During assembly I met Archita. She explained me about various periods and different things about the class. Then during tiffin break we had tiffin under a tree. I bought bread and omelette and Archita bought pasta. During assembly Epshita was not there. During break I met Epshita and we became friends.”*

#### 5. *Excitement*

Participants were excited initially when they get to know that they have to change their school. In the interviews almost all of them have used the words curious and excited to describe their first reaction to change of school. Following account illustrate this.

*“When my parents told me we are going to north-eastern part of India I was very excited.”*

Another participant told *“when my parents told me we are going. I was very excited. I would ask my parents again and again where we are going.”*

### DISCUSSION

At the onset of the study, the researcher posed three broad research questions:

1. What kind of memory they have about their previous schools?
2. How they view the process of changing school?
3. Do children go through the same stages of cultural shock that adult go through?

The first research question sought to uncover kinds of memory that these children remember from their previous past. From the themes<sup>2</sup> it can be seen that children have memories of either some traumatic experience that turned into their favour or they have memories of personal achievements. Children remember some kind of personal achievements like some award, or achievement in friendship or some special positions they have retained in their previous past. They also remember some traumatic experience from which they have learnt something or they were escaped from some serious harm to be caused. These memories have some emotional content that are significant to the participants.

Theme<sup>3</sup> reveals that they have some special friends whom they miss a lot. They are in contact with those special friends although they are way apart now. Most of them make use of technology to keep in touch with each other. They use phone to call their friends and use WhatsApp to be in contact with each other. Some of the participants also mentioned the name of the WhatsApp group that they formed to be in contact with each other and what they discuss in those groups.

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The second question sought to uncover how children view their process of moving into different schools. Theme 1 and theme 4 shows that all participants revealed that they were initially very sad with the process but with time they became habituated. All participants mentioned about their crying before leaving their previous station and at the same time excited to go to new station and easily adjusted in it. One participant mentioned that he was previously sad as he had to leave his best friend but was excited too as he love to visit new places. Another participant mentioned that he wanted to contribute to the school in academic and in sports for how much ever time he is part of his present school. Yet another participant told that different schools giving her different opportunities to explore her different talents. So, it can be said that children view their process of moving into new schools frequently as positively.

The third question explore do children go through the same stages of cultural shock that adult go through. With reference to the above mentioned themes, the answer to this question is yes. It can be said that school going participants were excited initially to go to new places i.e. theme 5. This is correspondent to honeymoon phase. They were sad with the memory of their special friends and special memory i.e. theme 2, theme 3 and theme 5. This correspondent to regression and rejection phase. Ultimately they are well adjusted and habituated i.e. theme 4. This is correspondent to recovery phase.

## CONCLUSION

From the above discussion it can be said that children remember emotional provoking memories, they view the process of changing school as positive and they go through same phase of cultural shock as adults do.

### *Limitations of the study*

1. Sample size is very less. There were only 10 participants.
2. Selected participants were belongs to affluent families with all the needed facilities.
3. All of them changed their school frequently, so they are used to this process. The results might have turned differently if the selected participants have changed school only one or twice.

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## Behavioral and Cognitive Behavioral Management of Anxiety

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### ABSTRACT

Understanding anxiety and depression have been the major focus of psychology over the last hundreds of years. People experience these negative psychological states as a part of their response to their threatening life events. Anxiety is a normal adaptive response to threatening situations which sometimes help to cope with threatening challenging. Humans are hard wired to response in these ways as they are adaptive subsequent to traumatic events. Anxiety is one of the most common mental health concerns in our society. They are often experienced as a complex set of emotional and functional challenges. In the daily life of people, they are exposed to stressful situations; sometimes these stressors may lead to an illnesses and mental disorders like clinically significant anxiety and other negative psychological states. The current paper will briefly describe the nature, symptoms, models and behavioral and cognitive strategies to manage anxiety. The paper will help health professionals to know these basic interventions in anxiety management and thereby improve their well-being.

**Keywords:** *Anxiety, Management of Anxiety, Behavioral, Cognitive Behavioral Technique*

Anxiety is a normal, emotional, reasonable and expected response to real or potential danger, also, it is the environment we are living in is physically, mentally, emotionally, socially and morally dynamic and challenging; we possess effective mechanisms to meet every day stress (Shri, 2010). Freud wrote extensively on anxiety. He asserted that anxiety is the base on which all psychopathology develops.

Anxiety is “a reaction to an unknown danger and it is undecided intense apprehension that is usually reflected in a characteristic combination of visceral-motor disturbances and skeletal tensions” (Rubin & Krochak, 1988).

### SYMPTOMS OF ANXIETY

**Emotional symptoms:** Emotional symptoms include non-stop worrying and uncontrollable anxiety. The individual is not able to stop thinking about those thoughts that cause anxiety. The individual also loses the ability to tolerate uncertainty and desperately wants to know the future.

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**Physical symptoms:** These symptoms are physiological changes that include biological effects on the body that resulted from anxiety. Generally, these symptoms reflect elevated sympathetic autonomic nervous system activity (blood pressure, muscle tension and so on).

**Behavioral symptoms:** The behavioral symptoms influencing the act of the patients; they have no ability to relax, or enjoy quiet time (e.g. being easily fatigued) (Barlow, 1992).

These three types of symptoms include the following symptoms: difficulty concentrating, difficulty sleeping, irritability, fatigue/exhaustion, muscle tension repeated stomach aches or diarrhoea, sweating palms, shaking, rapid heartbeat and neurological symptoms such as complaints of numbness/tingling of different parts of the body.

### ***Models of Anxiety***

1. **Incubation model:** Incubation model of anxiety was given by Eysenck in the 1967. The basic idea of this model is the phenomena of extinction that is a part of classical conditioning in fact does not exist. In other words when a conditioned stimulus is presented without unconditioned stimulus for many trials, conditioned response doesn't stop; rather the strength of it rather increases. Eysenck posits that this phenomenon is also the cause of anxiety. He calls this as "Incubation".
2. **Cognitive model:** Cognitive theories posit that appraisal plays the pivotal role in anxiety. The appraisal process involves two stages, a primary appraisal in which an individual determines the threat posed by the environment and following a threatening primary appraisal a secondary appraisal where the individual evaluates his or her ability to cope with the demand imposed by the environment. Beck and Emery (1985) suggests that maladaptive anxiety results from distortions in the appraisal process. People who suffer from chronic anxiety are those who misperceive benign situations as threatening. Barlow (1988) extends the appraisal model and suggests that anxiety is cognitive-affective phenomena, at the core of which is negative affect. Perceptions of threat are influenced by early experiences with uncontrollability that creates a psychological vulnerability to anxiety and a biological disposition to experience anxiety in the face of negative events. Specifically, negative events; activate the biological vulnerability to stress, leading trait-anxious individuals to perceive the environment as threatening even in the absence of identifiable stressor.

**Meta-cognitive model:** Wells (2009) developed the metacognitive model of generalized anxiety disorder (GAD). This model focuses on the role of metacognitive beliefs (i.e., thoughts about thinking) in the development and maintenance of emotional disorders and suggests that positive beliefs about the benefits of worry (e.g., "Worrying helps me cope") and negative beliefs about the danger and uncontrollability of worry (e.g., "my worrying is bad for me") are associated with pathological worry. This model has led to the development of new treatments for

## **Behavioral and Cognitive Behavioral Management of Anxiety**

pathological worry, with research suggesting that modifying beliefs about worry enhances treatment outcome in anxiety disordered adults (Wells & King, 2006).

***Worry and Generalized anxiety Disorder:*** Worry has been described as “a chain of thoughts and images, negatively affect-laden and relatively uncontrollable” (Borkovec et al. 1983, p. 10). Similarly, Vasey and Daleiden (1994, p. 186) describe worry as “primarily an anticipatory cognitive process involving repetitive, primarily verbal thoughts related to possible threatening outcomes and their potential consequences.” Worry is also a feature of other anxiety disorders, including separation anxiety disorder and social phobia (Perrin & Last, 1997). For example, a child with separation anxiety disorder may worry about losing or separating from his or her parent, and so may have difficulties attending school or sleeping on his or her own. Clinical worry is also associated with risk of co-morbidity with other anxiety disorders and depression.

### ***Behavioral and Cognitive-Behavioral Management of Anxiety***

Anxiety is considered as motivational force for driving behavior. It propels humans toward a specific goal. Anxiety becomes pathological when it starts impairing people’s day to day functioning. For example if a person avoids going to social functions because of social anxiety, then it is a matter of concern. If a student experiences excessive anxiety before his/her exam, the academic performance is impaired. Hence, it is essential to learn to manage anxiety through psychological techniques. Here brief descriptions of behavioral and cognitive behavioral techniques are done in the following paragraphs. The techniques are described briefly in the following paragraph.

### ***Relaxation Training***

Different forms of relaxation training have been experimentally tested for decades. An early meta-analysis (Hyman et al., 1989) identified 48 experimental studies of relaxation techniques used to treat a variety of clinical symptomatology. The effect sizes ranged from 0.43 to 0.66 for the treatment of health-related symptomatology and were largest for nonsurgical samples with hypertension, headaches, and insomnia. Relaxation techniques like Jacobson Progressive Muscular Relaxation (JPMR), applied relaxation, deep breathing, pranayama etc are often used in cases of cognitive and physiological arousal conditions like anxiety, anger etc. These techniques help to reduce arousal therapy reducing anxiety. It is to be remembered that some relaxation techniques like JPMR and applied relaxation are contraindicated in patients with depression because they will further lower their arousal which might make depressed individual more depressed. In India, Rangaswami (1990) used deep relaxation training as an adjunct to anger control training with a child who exhibited uncontrolled aggression.

### ***Behavioral Activation***

The efficacy of behavioral activation was compared with cognitive therapy and antidepressant medication in a large, controlled trial with 241 adults suffering from major depression. Among

more severely depressed patients, behavioral activation was comparable to antidepressant medication, and both outperformed cognitive therapy (Dimidjian et al., 2006). When followed for 2 years after the initial treatment, patients receiving behavioral activation and cognitive therapy experienced similar outcomes (Dobson et al., 2008). Patients treated with medication but withdrawn onto pill-placebo suffered more relapses than patients receiving either psychotherapy. Both therapies proved less expensive and longer lasting than medication in the treatment of depression.

### **CBT MANAGEMENT OF ANXIETY**

The roots of cognitive behaviour therapy (CBT) lie in learning and cognitive theory. The primary assumption of learning theory is that every behaviour adaptive or maladaptive is learned. Behaviors may be observable and covert like thoughts and subjective feelings. The learning may be direct like direct experience or indirect like observing others, reading through books, watching T.V, hearing others etc. There is a basic assumption in CBT that dysfunctional and threatening cognitions are the cause of anxiety because these cognitions directly affect emotions and behaviors. The primary goals of CBT for anxiety management are to change maladaptive learning and thought patterns. First, CBT approaches to deal with anxiety attempt to understand the roots of the presenting problem only to the degree that this understanding gives rise to a way to intervene in the “here and now.” Treatment is much more focused on addressing the factors that maintain the patient’s symptoms rather than understanding what gave rise to the disorder. For example, one might want to know how a parent has reacted in the past to the patient’s attempts at avoidance but rather than focusing on these past interactions. This knowledge would be used to help the clinician know whether to work with parents on developing a new approach with the result of allowing for an altered learning experience for the patient.

CBT is a skills building approach. This means that clinicians are directive and sessions may appear very didactic. However, sessions are seen only as an initial step in the learning process. Meetings with the patients are used to introduce skills, provide initial practice and problem-solve; however, homework assignments outside of session provide the repeated practice required for complete skill acquisition and refinement. Moreover, given the importance of the context in which the anxious behavior occurs in behavioral theory, it necessarily follows that CBT for patient’s anxiety often introduces new skills him and even other significant others who might be responsible for maintaining or causing anxiety in him or her. The patient is the major agent of change and work together with the clinician to implement the treatment. Other significant others may only act as co-therapists. In case of a child, parents and teachers are often asked to change their behavior (eg, model nonanxious self-talk), change their approach to their child’s anxiety (eg, reinforce approach and provide less opportunity for avoidance), and to act as a coach for the child when he or she is completing homework assignments or generalizing skills into everyday situations. This requires a commitment on the part of the child and his or her parents that extends beyond the typical one hour per week session.

On the other hand, treatment is typically time-limited. Goals are set by the patients in collaboration with the therapist and, once adequate skills have been developed and treatment goals are reached, the termination process begins. In the case of most childhood anxiety disorders, treatment usually takes 12 to 16 weeks, rarely extending beyond 6 months of active treatment. However, spaced out “booster sessions” that may extend over 4 to 6 months, may be used as a way to provide review of difficult skills. This may be particularly helpful in that effective treatment may lead a child to encounter new situations because of an increase in the ability to engage in a full-range of activities. Booster sessions may be used to help a child generalize skills to these situations and ensure durability of treatment gains.

### **COGNITIVE RESTRUCTURING**

Given the theoretical link posited by cognitive theory between erroneous or maladaptive cognitions, the subjective experience of anxiety, and anxious behavior, one of the core components of CBT for patient anxiety is cognitive restructuring of anxious cognitions. This requires the patient to first explicitly recognize their self-talk and then to understand the links between self-talk and their symptoms. Monitoring in anxiety provoking situations is often used to help to identify specific maladaptive cognitions. Restructuring may take the form of direct discussion or guided discovery to question the validity of a thought or belief. This discussion can take several forms. One basic approach is summarized in four steps. These include (1) asking informational questions to identify the thought and find data to test the veracity of the thought, (2) empathic listening, (3) summarizing, and (4) using synthesizing or analytical questions to help the child come to a new understanding.

A purely cognitive exercise may be difficult to accomplish depending on many factors. Behavioral experiments may be particularly effective methods of cognitive restructuring in initial sessions and especially with children.. Behavioral experiments can be used to target a specific cognition such as “if I ask a child to play with me, he will laugh at me.” In this case, the child and therapist would design an experiment asking a peer to play with the explicit goal of testing the veracity of the child’s belief. The child is asked to engage in the experiment with the explicit goal of “data collection.” Almost all of the CBT treatments for anxiety disorders use some form of cognitive restructuring. Most programs will have a component in which the child first monitors thoughts to identify those giving rise to symptoms, then actively disputes those thoughts first with the therapist and then with increasing independence, and then develops new more adaptive, coping thoughts.

### **REPEATED EXPOSURE AND REDUCTION OF AVOIDANCE**

Exposure to feared stimuli is the central component in most CBTs for anxiety management. Early exposure therapies guided by a reciprocal inhibition hypothesis paired feared stimuli (eg, dogs, social situations, germs) with a response incompatible with anxiety often muscle relaxation. In such an approach the patient would be trained in relaxation techniques and a

hierarchy of feared stimuli would be developed. Systematic exposure to the feared stimuli would proceed with the patient engaging in relaxation procedures. Any symptoms of anxiety would be countered with relaxation, as the goal would be to avoid the experience of anxiety to condition an association between the once-feared stimuli and relaxation. However, such an approach has largely fallen out of favor, in part because it has been found that the relaxation training component of the treatment was often not necessary and in part because of updated theories regarding the mechanisms responsible for change in exposure therapies. Today exposure-based treatments generally have four basic phases (1) instruction, (2) hierarchy development, (3) exposure proper, and (4) generalization and maintenance.

### **1. INSTRUCTIONS**

In the instruction phase, the patient is presented with the rationale for exposure treatment. This often includes a learning-based rationale; that is, that past avoidance has been negatively reinforced with the reduction of anxiety thereby increasing the likelihood of future avoidance and escape during the peak of their fear. As such, there is little opportunity to learn the feared stimulus is in fact innocuous. A cognitive rationale emphasizing the role of increased self-efficacy and the development of more accurate and adaptive cognitions may also be included, helping the child and parent to understand that exposure without avoidance will show the child that he or she has the skills to cope with the feared situation. It is also important that the instruction phase include basic information on the understanding of fear and anxiety as many anxious patients at least implicitly expect the anxiety to increase interminably and to spiral out of control with prolonged exposure. For this reason, the patients and the significant others need to understand the nature of anxiety and that it will peak and then decrease with prolonged exposure.

### **2. DEVELOPMENT OF A HIERARCHY**

Once the patient understands the rationale for exposure therapy the next step is typically to develop a graded hierarchy of feared situations that can realistically be used for exposure sessions. More specially, an exposure hierarchy consists of a series of anxiety provoking situations arranged from the least anxiety provoking to the most. It is important to make sure that enough steps are included in the hierarchy so that each step represents a gradual progression from the previous step and that the hierarchy as a whole captures all the components necessary to illicit the fear response in the patient. For example, a patient experiencing social anxiety may need to include steps in his or her hierarchy that include overt criticism to evoke an anxiety response and allow for habituation and the development of an increased perception of self-efficacy. Importantly, it may be necessary to include steps in the hierarchy that are more anxiety provoking than those the child may ever realistically be expected to face.

### **3. EXPOSURE**

In this step the patient is exposed to each of the situations in the hierarchy until the anxiety dissipates. Modeling by the therapist, in which the therapist first engages in the anxiety

provoking task allowing the patient to watch, may precede direct engagement by the patient. Attention should be paid to both within-session habituation (eg, decrease in subjective distress or indicators of physiologic arousal) and between session habituation, as these have been found to be predictive of outcome. Exposure may be in vivo or imaginary, although in most cases in vivo exposure is generally preferred and more effective. When circumstances do not allow for in vivo exposures (eg, repeated flights for a patient with a fear of flying), virtual-reality based exposures may prove to be a useful alternative when available. During this phase, elimination of avoidance or escape behaviors is emphasized to facilitate exposure and allow the child a return to normal activities.

#### **4. GENERALIZATION AND MAINTENANCE**

To generalize treatment gains across situations the patient is usually given homework assignments to repeat exposures that are mastered in session across similar situations outside of the therapy room. In addition to allowing for generalization, these activities allow for solidification of the skills learned in session, and ensure that the child does not see the presence of the therapist as necessary to the control of the anxiety. Once the patient has progressed through the entire hierarchy and anxiety has significantly dissipated, planning for termination and maintenance begins. Given that anxiety and stressful situations are a normal part of life, termination should be considered when treatment goals are achieved and anxiety appears to be within normal levels for the child's developmental level. Depending on the age of the patient and other clinical issues, this phase includes giving the patient or the significant other increasing responsibility for planning exposure or cognitive restructuring exercises when new challenges present themselves. Planning for stressful situations and providing the child with written materials that can be used to reinforce and review skills after the termination of therapy can be helpful. The therapists currently may use increasingly conducting exposure sessions outside of the typical therapy context (ie, in real life situations in which the patient might expect a relapse) and providing the him/her with a physical or cognitive cue of the exposure sessions to facilitate retrieval of the non-anxious learning that took place during treatment sessions.

## **CONCLUSIONS**

Anxiety is often considered as a perception of threat that something bad going to happen. Continuous threat and worry significantly impair one's day to day functioning. Different techniques of anxiety management are quite useful to learn to deal with threat and pressures of everyday living. Behavioral and cognitive behavioral interventions are the most common nowadays. The type of technique useful for an individual depends on his or her personality style, nature and severity of anxiety, and social support available, his/her cognitive, behavioral, affective and spiritual resources.

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## Application of Psycho-Social Management in Generalized Anxiety Disorder: A Clinical Case Perspective

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### ABSTRACT

**Objectives:** The present study aims to explore the course of generalized anxiety disorder and to assess the application of psycho-social management in alleviating the symptoms associated with generalized anxiety disorder and to improve the client's overall functioning. **Research design:** Case study. **Sample and method:** This study was carried out in Hyderabad and 33 years old married male was included. Treatment plan was formulated according to psycho-social management wherein different management techniques were utilised to modify the client's generalized anxiety beliefs and the associated behaviours. **Result:** Findings of the assessment showed significant distress and impairment in overall functioning. Stressor activates his dysfunctional belief which shifts his attention to minor perceptual disturbance and results in misinterpretation of these trivial variations. Psycho-social management techniques successfully restructured his dysfunctional beliefs and remarkably improved his functioning. **Conclusion:** On the basis of results, it can be ascertained that psycho-social management is an effective approach to treat generalized anxiety disorder.

**Keywords:** *Psycho-Social Management, Generalized Anxiety Disorder, Clinical Case*

Generalized anxiety disorder has been called the “basic” anxiety disorder, in the sense that generalized anxiety is, by definition, a component of other anxiety disorders. But only recently have we begun to delve into the nature of generalized anxiety disorder. Only recently have we begun to evaluate effective psychological treatments for this problem, and only in the past several years has evidence begun to appear that we can in fact treat this problem successfully. This is no small feat, since generalized anxiety disorder, although characterized by marked fluctuations, is chronic.

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## **Application of Psycho-Social Management in Generalized Anxiety Disorder: A Clinical Case Perspective**

Generalized anxiety disorder (GAD) is a highly prevalent, chronic, costly and disabling mental disorder (Tyrer & Baldwin, 2006). It is characterized by excessive and persistent worry and anxiety about everyday internal and external events, in combination with various psychological and somatic complaints, such as autonomic arousal, restlessness, fatigue, problems with concentrating, irritability, and sleep problems (American Psychiatric Association, 1994). Because most patients are still affected after 6 to 12 years, GAD is usually considered to be a chronic disorder (Yonkers, Dyck, Warshaw, & Keller, 2000). The 12-month prevalence rate of GAD has been estimated to be between 1.2 and 1.9% and the lifetime prevalence between 4.3 and 5.9% (Tyrer & Baldwin, 2006).

Some have even considered that generalized anxiety disorder might be better conceptualized as a personality disorder, since many individuals with this problem cannot report a definitive age of onset; rather, they note that it has been with them all their lives.

Generalised anxiety disorder (GAD) is one of the most common anxiety disorders seen in primary care (Ciechanowski & Katon, 2009). It is characterised by excessive and inappropriate worrying that causes significant distress or impairment. Recovery from GAD can be less likely than recovery from major depression.

Approximately 35 to 50% of people with major depression also meet the criteria for GAD (Ciechanowski & Katon, 2009). When there is a diagnosis of both depression and anxiety, or if depression follows an anxiety disorder, this usually indicates a more severe anxiety disorder with a poorer prognosis. If anxiety symptoms arise as a consequence of depression, effective treatment of the depression will often relieve the anxiety symptoms (Baldwin et. al. 2005).

### ***A Case Report:***

Mr. R, 33 years, male, married, Hindu, educated up to B.A, hailing from Lower Middle Class from army personnel came with the chief complaints of Tension, Head ache, Shivering of hands, Dry mouth, Increase heart rate, Loss of appetite, Lack of concentration in daily work , Keep forgetting small things, Easily gets irritated, Doubts his mental ability, Confusion in taking decisions, Restless and fatigability The client was asymptomatic and his symptoms started with the symptom like headache and tension that is whenever he is working or free on during day time mostly. He is unable to concentrate on his work and his studies as he keeps on doubting his mental ability (especially in studies). At times when he has to take a decision or when he has a big responsibility at hand then he experiences dryness of mouth, increased heart rate and shivering of hands. He tends to take a lot of time in doing performing an activity nowadays as he easily forgets the instructions of his army personnel. He tends to forget the directions and the places. He seems to be very confused nowadays to the extent that he is not able to take simple decisions of his daily life by his own. As a result of forgetting and lack of concentration he easily gets irritated.

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Mr R is the 3<sup>rd</sup> issue of consanguineous parents. There are no complications reported in the birth and development. All the developmental milestones were reported to be normal; there is no history of childhood disorders as reported by the client. Mr. R's father's age is 65 years, he is a farmer and mother's age of 60 years, she is a house wife. His elder brother and younger brother age is 41 and 37 respectively and relationship with his brothers is not cordial.

On MSE, Mr. R was neatly dressed and well kempt, maintained eye contact. He was fully conscious and alert and was in touch with his surroundings. Rapport was established easily. She is oriented to person, place and time. Her psychomotor activities were within normal limits; her speech was relevant and coherent and goal directed. On affect subjectively she reported being sad and objectively depressed. On thought content excessive preoccupation was present. Attention could be aroused and could be sustained for required period of time. Her memory was intact. Overall intelligence was found to be average. Her test judgment was intact and her personal and social judgment was impaired Insight was present at level II.

### **REASON FOR TAKING FOR INTERVENTION**

To reduce intense fear and anxiety, autonomic symptoms, unable to perform in army, negative cognition, Low self- confidence and to give awareness regarding the manifestations of generalized anxiety disorder.

### **SPECIFIC AREAS TO BE FOCUSED**

#### ***Short- term objectives***

- Decrease the autonomic arousal while in social situations
- Decrease anxiety associated with performing well on a given task

#### ***Long- term objectives***

- Improve coping strategies
- Developing problem solving skills
- Improve self confidence

### **TYPES AND TECHNIQUES OF INTERVENTION**

#### ***Psycho-education***

The main purpose of psycho-education was to give awareness about the nature and cause of her illness. It is mainly aimed at educating her that how her symptoms were started, what were the triggering factors, and how it was maintained.

#### ***Relaxation training***

The relaxation technique is widely used strategies to manage and reduce pain and stress. Among various stress management approaches, relaxation procedures have provided strong empirical support for bringing about positive physiological, psychological and emotional changes. The progressive relaxation is one of the most popular and widely used forms of relaxation. The major

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steps involved in it are learning to identify excessive tension in certain muscles and learning to reduce and if possible, eliminate that tension. This procedure is repeated with various muscle groups of the body.

### ***Cognitive restructuring***

The primary aim of cognitive restructuring understands the errors in individual thinking, help him to modify them and replace them with more adaptive thoughts, since these thoughts were playing a major role in causing as well as maintaining the symptoms

## **THERAPY PROCESS**

**First session:** The patient was reported along with the uncle. Intake interview was conducted. Patient was psycho-educated about the nature and treatment of the problem and explained the process of therapy. Psycho-education was mainly aimed at educating client that how his symptoms were started, the triggering factors and how it is maintained. Patient is taught about the nature and function of anxiety and its nervous system correlates. The education provides patient with a model of anxiety that emphasize the interaction between the mind and body and provides a rational and framework for the skills to be taught during treatment. A three dimensional model is utilized, in which dimensions of anxiety are grouped in to physical, cognitive and behavioural categories. The physical component includes bodily changes and their associated somatic sensations. The cognitive component includes thoughts, images and impulses that accompany anxiety. The behavioural component contains behaviours that associated with anxiety (e.g. avoiding or escaping from the situation). These three components are described as interacting with each other, often with the result that anxiety is heightened. The therapist then explains that the goal of treatment is to learn skills for controlling each of the three components of anxiety.

Supportive psychotherapy was given to the client because the client was feeling helpless and sad. Therapy was carried out to make the patient develop self-confidence. The platform was created for the verbalization of patient's strong unexpressed emotion to bring considerable relief to the patient and leading to the reduction of tension and anxiety.

The client was given understanding regarding the importance of relaxation for her problem and also explained the rationale for the same. Jacobson Progressive Muscle Relaxation was introduced in this session. Before this session therapist demonstrate to the patient how to tense and relax various groups of muscles. He was asked to come consecutively for five days of relaxation training.

**Second session:** Previous session was reviewed and clarifies the doubts of the patient. JPMR was continued for the 45 minutes. After the session he reported that he is feeling fresh following relaxation training.

**Third session:** Previous session was reviewed. JPMR has been practiced. He reported that while tensing up the muscle, his heart beat increased, but later he felt better and relaxed. The patient was asked to practice JPMR at home in a calm environment, not in full stomach, if possible morning and evening.

**Fourth session:** JPMR training was continued and the patient was asked to not avoid the anxious situation and make her understand avoidance itself become a problem. He was asked to develop confidence by being internally bold. According to the patient the breathing problem while speaking with was reduced compare to earlier.

**Fifth session:** First 45 minutes were spent for Jacobson's Progressive Muscle Relaxation. During this session patient practiced relaxation alone and the therapist observed and gave corrections for the mistakes he has done during the relaxation and advised the patient to practice relaxation on daily basis at home.

**Sixth session:** The patient was reported along with the uncle. The patient and his uncle reported overall improvement in her condition. Previous session is reviewed. Cognitive restructuring was done. Regarding the problem related to her preoccupation about the financial matters. Therapist told not to avoids any anxious situation, because the avoidance itself becomes a problem.

**Seventh session:** Patient was reviewed after 20 days. He reported that he is maintaining well in army. He reported that he could feel significant difference in his condition. He reported that his headache is not reduced that much but all the symptoms are reduced. So thermal training technique was taught (he was told to put her fingers in warm water, keep his eyes closed and relax for 15minutes). He reported that now he has less anxiety.

## **CONCLUSION AND OUTCOME**

Seven session were held with the patient. Later the patient reported that there is a significant improvement in his condition. He reported that therapy was not helped him to reduce his symptoms but also helped to improve his self- confidence and also helped to reduce problems in interpersonal relationship in army area. Therapy helped him to identify his thinking errors and modify it to the extent that he can understand the situation in a more realistic way. Similar study conducted by Behar & Borkovec (2005) which suggests that some specific treatment components for generalized anxiety disorder have been developed based on the central tenets of the cognitive behavioural techniques include: (a) self-monitoring of external situations, thoughts, feelings, physiological reactions, and behaviours; (b) relaxation techniques such as progressive muscle relaxation, diaphragmatic breathing, and pleasant relaxing imagery; (c) self-control desensitization, which entails the use of methods (e.g., imaginal rehearsal) to facilitate the acquisition of habitual coping responses; (d) gradual stimulus control achieved by establishing a specific time and place for worrying; (e) cognitive restructuring aimed at increasing clients' flexibility in thinking and access to multiple, flexible perspectives; (f) worry outcome monitoring in which clients keep regular diary entries in order to monitor specific worries, their feared outcomes, and the actual outcomes of those worries; (g) the promotion of present-moment focus of attention, and (h) expectancy-free living. A wide range of behavioural and problem solving

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psychological approaches can be effective for patients with anxiety disorders (Dowell et al.2009). Cognitive behavioural therapy (CBT) is the most widely used and may be useful for some patients with GAD (CPA, 2006; Kavan et al. 2009; NPS News, 2009).

### FUTURE PLAN

Regular monthly follow ups were suggested. Patient has a problem in decision making. Made him to be independent in decision making is one of the future targets. Patient lacks self-confidence and communication skills. So social skill training is important for dealing with it.

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## Communication Practice, Personality and Well-being of Doctors

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### ABSTRACT

The present study aims at investigating the relationship between communication practice, personality and wellbeing of doctors. A sample comprising of 80 general physicians from private hospitals of Gurgaon and Delhi was taken. Standardized Questionnaires, i.e., Internal Communication Scale (Roberts and O'Reilly, 1974), NEO Five Factor Inventory (Costa and McCrae, 1992) and PGI Wellbeing Scale (Verma and Verma, 1989) were administered to measure these variables. Results revealed positive relationship communication practice, Agreeableness, Conscientiousness, Openness and Wellbeing, Neuroticism is negatively correlated to communicate practice and wellbeing of doctors.

**Keywords:** *Communication Practice, Personality, Well-being, Doctors*

Talk is the primary form of communication used in our society. It includes emotions, advice, communicated facts, gestures etc. The combination of verbal and non-verbal expressions contributes to how each person interacts and behaves. Communication plays vital role in everybody's life whether a person is teacher, lawyer, leader or doctor. When a patient approaches doctor for treatment, the way he communicates to patient leaves its impetus on his treatment.

Physicians who do not communicate effectively are subject to embarrassment and loss of professionals' image. Interpersonal communication is very vital in various behaviours like parent-child relationship, perceptions of social situations, doctor-patient interactions (Kiesler, 1996). Doctor's communication is not only one that brings patient satisfaction it is doctor's personality also that contributes to effective doctor-patient relationship and treatment effectiveness. Akkiram and Harris (2005) found that doctor's patient centred communication and assertiveness and openness in personality leads to patient satisfaction. Chapman and Lyness (2006) reported positive relationship between doctor's personality (extraverted) and communication practice. There is large research evidence (Lakatoos, 2006; Meit, 2007; Chapman,

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2008) that talk about the relationship between the communication practice and personality of doctor with patient's satisfaction. But the question of this investigation is about the relationship between doctor's own communication practice, personality and wellbeing.

Effective communication practice of doctor also leads to high well being of patients. Well being is a multidimensional construct and the commonly proposed tri-partite structure of well being, in the light of life satisfaction, positive affect and negative affect (Diener et al., 1999). Charles and Whelean (1997) found that doctors talking with patients affect both participants and resulted in a range of positive reactions like comfort, alarm and resolve. Famewell and Saul (2002) also reported the efficacy of core communication skill of doctor in improving wellness of patients.

Since the research work in relation to these three variables, i.e., communication practice, personality and wellbeing of doctors is partially less empirically dealt, taking this view in mind, the present investigation aimed to focus on studying the relationship between communication practice, personality and wellbeing of doctors.

## METHOD

### *Design*

A correlational design was used.

### *Sample*

A sample of 80 doctors was selected from the private hospitals of Gurgaon and Delhi. The doctors selected were all general physicians with very heavy OPD's where they were to interact with number of patients in a day (new patients and patients coming for follow-up).

### *Tools*

- **Internal Communication Scale (Roberts and O'Reilly, 1974):** It has 17 items which deals with the internal communication practices in hospitals like Mobility, Accuracy, Influence, Trust, Summarization etc.
- **NEO-Five Factor Inventory (Cosha and McCrae, 1992):** It has 60 items dealing with five factors and 12 items are related to each of five factors. These five factors Neuroticism, Extraversion, Openness, Agreeableness and Conscientiousness.
- **PGI General Well Being Measure (Verma & Verma, 1989):** It measures the general well being of person having 20 items. The higher the score, the higher is the well-being.

### *Procedure*

After rapport establishment, doctors were asked to fill the questionnaires. They were assured that their responses would be kept confidential. The scoring was done as per the manual's guidelines.



## RESULTS AND DISCUSSION

The obtained data was analyzed by using Pearson Product Moment Correlation Method. The objective of study was to investigate the relationship between communication practice, personality and wellbeing of doctors.

**Table No. 1**

Var.	N	E	O	A	C	WB
CP	-.65*	-.01	.45	.68*	.72**	.75**

\*\* Significant at .01 level

\* Significant at .05 level.

CP= Communication Practice

N = Neuroticism

O= Openness

A= Agreeableness

C= Conscientiousness

WB= Well Being

Table no. 1 clearly reveals the highly significant positive relationship between Communication Practice (CP) and Agreeableness (A) i.e. .68, CP and Conscientiousness (C), i.e., .72. It means that physicians who have co-operative, friendly, committed, dutiful and energetic personality traits show the care and concern for patients and also have effective communication practice. At the same time, they do have their own high wellbeing i.e. .75 which enhances their wellness too.

The results also clearly denote the significantly negative relationship between Neuroticism personality dimension with Communication Practice, i.e., -.65. It means that doctors having negative affect and distress act as an inefficient doctor in terms of providing professional care, depth of relationship to patients and leading to their own low wellness. Mobinuero and Torruiba (2013) found that personality traits such as psychoticism, aggression-hostility lead to ineffective communication skill in each medical student. Borges and Early (2008) also substantiate the above findings.

### Limitations

The study would have brought more meaningful results if the sample would have been large and comparison would have been made between private and public hospital doctors or between doctors from various departments, i.e., cancer, cardiology, neurology etc.

### Recommendations

The current investigation has great applied value as it clearly denotes that doctor's own personality and communication practice to handle patients not only enhances patients wellness but also their own psychological wellbeing. The study also suggests to conduct time to time 'life

skill workshops' for the doctors so that they can remain stress free and have some leisure time too.

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## ICT for Rural Development: An Inclusive Framework for e-Governance

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### ABSTRACT

Review of literature shows that intervention of information and communication technologies (ICT) in rural development initiatives are capable of development, but are not successful. Lack of community participation, absence of an integrated approach and non-inclusion of traditional knowledge systems (TKS) in the project designs are the major impediments. We therefore suggest a systems-based approach in the design of e-Governance projects, and brief some future directions. The proposed framework is based on participatory approach with inclusion of relevant TKS, has a bi-directional Citizen to Government (G2C2G) interface and a feedback mechanism. The prime goal is that rural e-Governance projects serve as means to attain good-governance for enhancing sustained rural development.

**Keywords:** *E-governance, Rural Development, Community Participation, Traditional Knowledge System (TKS), Systems Approach.*

Information and Communication technologies (ICT) have a potential for economic growth and social empowerment (Nandi, 2002). Direct or indirect application of ICT, in rural development sector has also been referred to as “Rural Informatics.” Rural economies can be benefited from ICT by focusing on social production, social consumption and social services in the rural areas (Malhotra, 2001). Sustained development using rural informatics is possible, only if ICT interventions are able to respond to the local needs and re-adjust as per the prevailing knowledge (Traditional Knowledge Systems- TKS)\* of the rural areas. To capture the needs and local knowledge prevalent at the grassroots, these interventions should preferably have an effective bi-directional link. The inculcation of a Citizen-to-Government (C2G) and Citizen-to-Citizen (C2C) interface would provide this link that would also lead to community participation in design and implementation of ICT interventions. This in return could promise better economic opportunities as well as social inclusion of rural people in the processes of governance. Such attributes in the social set up are essential prerequisites for good governance and rural development.

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The paper is divided in five sections. In the first section titled 'Rural Development and Governance', the authors discuss the processes of development that encompasses both economic growth and social empowerment of the beneficiaries. In the rural context, the development initiatives should strive to improve the quality of life of the poor. Rural development is the prime concern of governance in the global context that can be addressed by imbibing participatory approach. In the second section titled 'ICT and Governance', the authors review various studies on the application of emerging information and communication technologies (ICT) in governance and in ushering development. In the process the authors define and demarcate between the popular terms like 'e-government' and 'e-governance.' The next section titled 'e-Governance for Rural Development' further tapers to the use of emerging technologies in rural areas, wherein using the example of Indian rural e-governance cases, the authors highlight various issues confronting ICT implementation in rural governance. The review of literature brings in the importance of community participation and incorporation of indigenous knowledge that has been delineated in the subsequent section titled 'Alternative approaches'. On basis of this, in the final section labeled 'An Integrated Approach to e-Governance in Rural Context', the authors propose a systems based inclusive framework for e-governance systems, cite its key features and also present 'Future Directions' for its implementation.

### ***Rural Development and Governance***

In the rural context, development involves use of physical, financial and human resources for economic growth and social development of the rural economies (Burkey, 1993). The term rural development also represents improvement in quality of life of rural people in villages. As per Chambers (1983) "Rural Development is a strategy to enable a specific group of people, poor rural women and men, to gain for themselves and their children more of what they want and need." Singh (1999) defines Rural Development as "A process leading to sustainable improvement in the quality of life of rural people, especially the poor." The fact of the matter is that three quarters of the world's poor, about 900 million people are in rural areas, and the Millennium poverty target set by Millennium Development Goals (MDG)\*, cannot be met unless the world addresses rural poverty. "Sustainable Rural Development can make a powerful contribution to four critical goals of: Poverty Reduction, Wider shared growth, Household, national, and global food security and Sustainable natural resource management" (World Bank, 1997). Hence, worldwide there is a growing emphasis on development of rural economy of the countries. Any improvement, in the social or economic status of rural areas would not just directly benefit rural poor but would also bring down the migration-pressures on cities and contribute by positive ripple effect in global stride towards development.

The process of development in a country is to be aided by its governance. The goal of governance "should be to develop capacities that are needed to realize development that gives priority to the poor ... and creates needed opportunities for employment and other livelihoods" (The World Bank, 1992, UNDP, 1994). Increased number of poor, hungry, or marginalized

people in a country represents decrease in its quality of governance. To promote development, various studies have proposed governance in the contextual realities of each country, including veritable participation of citizens in the governmental decision-making process (Grindle, 2004; Evans and David, 2006). Several institutions and experts accept Governance as a reflexive process, wherein policies, institutions, outcomes, and analysis interact, to maximize the process of participatory development (UNDP, 1997; Ludden, 2005; Mehta, 2006).

### ***ICT & Governance***

ICT is an integral part of development strategies of both developing and developed countries. It has great potential to bring in the desired social transformations by enhancing access to people, services, information and other technologies (Dutton et al., 2004). ICT applications can enhance poor people's opportunities by improving their access to markets, health, and education. Furthermore, ICT can empower the poor by expanding the use of government services, and reduce risks by widening access to micro finance (Cecchini and Scott, 2003). The uses of ICT for development are actively promoted, for economic development, job-creation, rural development, and poverty-alleviation. By adopting ICT in mid 1990s, public sector underwent a major transformation (Bellamy and Taylor, 1998). Application of ICT in processes of governance can be considered in two categories viz. for improving government processes and secondly for building interaction with and within civil society. The examples of the former category are dissemination of public information grievance redresses mechanisms, utility payments and billing services (Mitra and Gupta, 2003). This intervention of ICT in public domain, managed by Government, is referred as e-Government. Secondly, ICT improves civil society participation in the governing process, which is also referred as e-Governance. E-Governance has a greater scope and connotation than e-Government, even though ordinarily the terms are used interchangeably (Andersen and Henriksen, 2006; Sahu, 2004). e-Governance permits new ways of participation of citizens and communities for debating (Taylor and Williams, 1994 ;Rogers and Shukla, 2001; Gupta et al., 2004; Heeks, 2004). Such interactions facilitate provision of accurate information about social problems and their possible solutions. It empowers communities to determine their own future by developing self-efficacy and collective efficacy. Indeed if Good Governance leading to Development is the goal of governance, then e-Governance serves as a means to attain this goal.

### ***E-Governance for Rural Development***

Rural e-Governance can provide timely information to the citizens and have the potential to spawn innovative means of wealth generation in rural context (Singh, 2004, Malhotra et al., 2006). ICT can improve living standards in remote and rural areas by providing important commercial, social, and educational benefits (Share, 1993; Madden et al., 1997). Electronic service centres have a pivotal role to play, especially in reaching out to the marginalized sections living in remote areas (Singh, 2000). A study by Wilson (2000) concludes that in a developing economy like India, ICT has development applications in education, governance, environmental

monitoring, health, human rights promotion, economic growth, and other areas. An earlier research confirms that transaction costs have substantially reduced by adopting automated supply chain management models for selling agriculture produce (Annamalai and Rao, 2003). Other studies show that e-government projects are successful in rural India as it acts as an intermediary between government and recipients, while pursuing commercially sustainable objectives (see for instance, Kaushik and Singh, 2004).

However, given the high incidence of poverty in rural India, e-Governance implementation to cover 135 million rural poor is an increasingly complex process. Jhunjhunwala, et al. (2006) states that success stories of e-Governance in rural India are isolated cases, and says that “sum total of the Indian experience in terms of two important parameters viz. villages connected and lives transformed are yet too minimal.” Although there are more than fifty grassroots’ projects currently using modern ICT for development in India, Keniston (2002) despairingly notes that since no systematic study or evaluation has been conducted on ICT based projects so “opportunities to learn the diverse creative Indian experience so far remain almost entirely wasted.” Investigation undertaken by Cecchini (2004) of an e-Governance initiative Gyandoot\*, shows that though it is supposedly popular, its usage is still low and that it is not effective for the poorest of poor in the rural regions. With reference to villages of south- India, Kanungo (2004a) points out issues like “how do we build effective Information Systems that are premised on emancipation in a rural setting (of southern villages of India)...” Existing e-Governance models are more technology centric, which have been aped from west (Jauhari, 2004) and thus do not completely assure rural development in context of developing countries like India (Bhatnagar and Schware, 2000).

Such observations for ICT interventions in the rural context are generally true for other developing countries too. Emerging studies show that many of the claims that are being made about the potential of ICT for development are not supported, and point to the possible counter-productive effects of the use of ICT (Gomez et al., 1999). The study by Wilson (2000) underscores that a purely technology centric approach widens the digital divide between developed and underdeveloped. Ray (2005) summarizes that some of the good governance initiatives for poverty alleviation have not translated into social good due to slack institutional mechanisms. Wolfram (2004) suggests that to resolve the rampant “institutional disequilibria” there is a need to supply globally competitive products emerging from traditional knowledge of the region. Annamalai and Rao (2003) bring out that there are several gaps associated with deployment of the information village projects where the larger goals of empowerment, dignity and “preservation of traditional technologies” are not considered. In view of such limitations, it is important to propose some alternative approaches to rural e-Governance projects.

### *Alternative approaches*

Social processes in rural regions need to be integrated in a holistic manner with the prevalent governance model to ensure development (Kanungo, 2004b; Pande, 2003). Establishing linkages with local strengths and encouraging indigenous development of e-governance initiatives (Heeks, 2002) would positively contribute towards achievement of development objectives of a country. Instead of importing or aping existing e-Governance models, the interfaces of ICT interventions deployed in rural areas, should be customized and the content duly localized to deliver the intended benefits to the rural beneficiaries. Jhunjhunwala, et al. (2006) underline that the business model for rural development should be based on collective partnerships and must incorporate the traditional knowledge available within local community. Incorporation of traditional knowledge systems (TKS) would also ensure involvement and ownership of the rural beneficiaries themselves. The need to integrate inputs from indigenous systems is important not just because of their richness but also because these systems have evolved over millennia preserving the social balance in that area. In the Indian rural context, there are already several encouraging examples such as “Honey Bee Network” which is a database of grass root innovations and technologies and serves as an effective solution to problems of local development. International development circles too have adequately stressed incorporation of indigenous knowledge in prevailing models of governance.

Garai and Shadrach (2006), conclude that there is an urgent need to recognize the role of local knowledge in sustainable development. They also argue that interactions between communities based local bodies and development worker need to be enhanced to ensure success of the development process. Since communities are the closest to grassroots’ problems, they are the best judge to evaluate technology alternatives and provide innovative solutions for the problems of their respective areas. This “from the inside out” and “bottom up” perspective to technology has been supported by several socialists (Lee, 2001). Such form of governance has always been preferred one and is referred as ‘community governance’ (Toole and Burdess, 2002). Community participation has been pointed out by Yerramsetti (2005) as a key component of success of telecentres in ushering development and social change in rural areas. Galperin (2005) examines the success of collective action by business owners in rural context of Scotland. Konstadakopulos (2005) points out through a case study of artisan development in Vietnam that formulation of clusters helped to avail benefits of technology for small-scale entrepreneurs in Vietnam. Misra and Vijayadita (2006) also bring out the importance of community-focused approach for ensuring success ICT initiatives for Rural Governance. Taking a cue from all such studies, we can presume that there is a necessity of a community driven approach for sustained and successful e-Governance systems. Review of literature points out that the majority of e-Governance systems have been developed only from the perspective of trends, institutions, or administrators. This kind of ‘limited-perspective-approach’, based on reductionism, tends to ignore the cascading nature of consequences on other stakeholders and subsystems. To design successful and sustained ICT based projects for rural governance with equal participation of the

stakeholders especially the community, it is important to consider the system as a “whole” rather than dismembering it in isolated units. This would require an interdisciplinary Systems approach where interests and inputs of all especially the citizens are considered in harmony with other stakeholders.

Theoretical support for systems approach comes from the General Systems Theory proposed by Bertalanffy (1968). It states that behavior of the system as a whole, and often of the individual parts, is a complex aggregation of the interactions of all the parts. The theory also puts forth: System must be adaptable, Have a purpose and Strive towards goal. Such systems are 'self-organizing' and self-evolving with formation of new (or 'emergent') properties, which cannot be predicted (Emmeche et al., 1997). Corning (2001) applies the concept of emergence in organizational context and insists on self-organizing organisational systems for growth. No matter how effectively an organisation meets the initial needs of its stakeholders, it must remain constantly alert and responsive to its citizens continuing wants else the environmental-changes will erode the early advantages of this organisation.

Thus, in a fast changing global environment, Governance also needs to develop competitiveness through innovative response mechanisms. This requires a thoughtful balance between global demands and local priorities as well as a balancing of needs of various stakeholders' that are embedded in the processes of the governance. By adoption of a holistic approach in design of ICT interventions for governance, using Systems theory, such conflicting priorities, and various needs may easily be resolved.

### ***Analysis: Need for An Integrated Approach to e-Governance in Rural Context***

As pointed out by study, Information and Communication Technologies (ICT) initiatives in rural areas are capable of enabling the governance to achieve rural development and their integration with the grassroots is critical for sustainability. An integrated framework for ICT interventions in rural areas is required that could amicably blend community needs, knowledge and inputs along with inputs of other stakeholders.

The aim of the proposed framework is therefore to evolve techniques/methodologies for designing sustained ICT initiatives for rural governance that result in economic and social empowerment of people at the grassroots. The proposed framework is termed as TKS based G2C2G framework (Traditional Knowledge System based Government to Citizen to Government framework). It is a bi-directional framework, which means that ICT initiatives not just deliver governance services and products but also accept and adapt as per community aspirations, practices, and structures. This framework intends to amalgamate ICT inputs with the existing Traditional Knowledge used by local communities in production techniques, resource allocation and conflict resolution in the processes of rural governance. The regulators of this framework are the constraints defined by national boundaries and available local resources.



### ***Hypotheses Of The Framework***

The main hypotheses, derived from review of literature, on which this framework is based, are as follows:

1. Rural e-governance projects would lead to rural development only if they are customized as per the needs of local communities.
2. Community participation is critical for customization of e-governance projects.
3. Community participation in design of ICT initiatives could be mobilized only if these initiatives are bi-directional.
4. Synergy between various stakeholders of rural governance is imperative for success of ICT initiatives.

### ***Objectives Of The Framework***

1. To involve communities in the design of rural e-Governance projects.
2. To ensure alignment and communication between various stakeholders of governance through rural e-governance projects.

ICT initiatives can benefit all the components of Rural Development (RD) directly or indirectly. Direct ICT initiatives for rural-development refer to the front-end use of computing, networking and Internet technologies for rural communities. Examples are database systems, web portals or community service centers (CSC) at block or village level to address rural concerns such as local governance issues, land records management, supply-chain management, augmenting processes of rural markets or agriculture, and so on. Indirect ICT initiatives for the rural sector would be using ICT in background as a tool for education, weather forecasting and so on. All ICT initiatives, direct or indirect, in rural context have to be designed using an integrated and self-evolving approach.

The ultimate beneficiaries (end-users) of ICT initiatives in rural areas are rural communities; consequently, ICT initiatives for rural areas ought to be people-centric. The design of ICT initiatives should reflect community needs, aspirations, prevalent resources, and knowledge. To capture the same, Community Participation is an important input to ICT initiatives for design of sustained rural e-governance projects. To make community participation as a meaningful design input, indigenous knowledge available with these communities needs to be integrated with ICT initiatives. Such indigenous or community knowledge is also referred as Traditional knowledge Systems (TKS) that represent the prevalent practices, systems, techniques, indigenous knowledge or components, existing at grassroots. Acceptance of TKS in ICT based initiatives would customize these initiatives as per the local needs. This framework has therefore a strong feedback loop and flexible boundaries.

### ***Linkages in the Framework***

All inputs in the framework are bi-directional, as ICT initiatives may be designed to provide support to local governance as well as should be able to react to queries generated by local needs of the communities/citizens. These inputs are collated in the processes of governance established by institutions, processes, policies, and information. Therefore e-Governance projects based on this framework are not just ‘Government to Citizen’ (G2C) but have a ‘Citizen to Government’ (C2G) component too and therefore are also referred as “G2C2G.” The term G2C2G also echoes the importance of keeping the ‘C’, the Citizen, as the central focus in all technology-based initiatives. E-Governance projects based on the framework proposed in the paper would be referred as ‘TKS based G2C2G’ e-Governance projects for rural development. Such projects should not just deliver governance services or products to people but also ‘listen’ and change as per the people’s expectations. This way, rural communities would develop a sense of ownership for TKS based ICT initiatives, which when integrated with the processes of governance would lead to design of customized, bi-directional, flexible rural e-Governance systems. Projects based on this TKS based G2C2G framework would guarantee equitable participation, transparency and accountability in local rural governance, which is a cornerstone of Good Governance.

### ***Key Aspects of the Proposed Framework***

- a. An integrated e-Governance framework that assures stakeholders inputs and accepts indigenous inputs.
- b. Collaborative tools to ensure participation of all the stakeholders in the processes of governance.
- c. Key Action Areas in policy inputs to assure Good Governance in the rural context.
- d. Critical Success Factors for benchmarking any e-Governance for rural development.

## **CONCLUDING REMARKS**

This paper is a multidisciplinary study of ICT initiatives for rural development. It emphasises adoption of a more systematic approach for integrating Traditional Knowledge Systems (TKS) and ICT inputs to ensure sustainability of rural e-governance projects. The study of literature related to rural development and e-governance has indicated various issues impeding success of such initiatives. The main issues are lack of localization of content for rural communities and inadequate participation of rural communities in design of rural ICT initiatives. The study therefore suggests the use the systems-approach to integrate the relevant TKS along with ICT initiatives in the design of e-governance systems for rural development. This participatory approach can lead to creation of more acceptable and sustainable e-governance projects. The output of TKS based G2C2G framework would be to provide template for design of rural e-Governance projects that are self-sustaining and would lead to socio-economic empowerment of the rural poor. The paper provides future directions for researchers, critical policy inputs to

technocrats and innovative options for designers of e-governance projects. The impact of this inclusive framework could be studied by gauging important governance indicators before and after the implementation of the same. Some of these governance-indicators could be increase in per capita income, health indices, and status of education. Increase in economic production could be assessed by measuring increase in agricultural productivity or by increased market access of rural community groups (including farmers, artisans, forest dwellers and such other communities). The quality of governance in terms of its effectiveness could be gauged by the eight characteristics of good governance converted to four quantifiable variables viz. Citizen Participation Index, Government Orientation Index, Social Development Index and Economic Development Index (Huther and Shah, 1998). The variables to quantify success of an e-Governance initiative could be the popularity of the initiative measured by number of visitors to the e-Governance set-up in the rural area. The impact of an e-Governance initiative could also be measured by using afore mentioned indices, on a control group, before and after introduction of the e-Governance initiative or by comparing the economic-status between one cluster with the initiative and another one without the e-governance initiative. The relationship between the use of traditional knowledge and rural development can also be studied using a case-study approach.

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## ANNEXURE 1: TERMS USED

- **ICT:** Information Communication Technologies (ICT) can be defined as “electronic means of capturing processing, storing, and communicating information. ICT may be computer Hardware, Software and Networks. They also include intermediate technologies like radio and television, literate technologies like books and newspapers and organic technologies based on human body like brain and sound waves” (Heeks, 1999). The term ‘ICT’ is popularly interchanged with the term ‘Information Technology (IT).
- **TKS:** Traditional knowledge systems refer to the unique knowledge, values and technical capabilities existing within and developed around the specific conditions of communities indigenous to a particular geographic area. Terms like Traditional knowledge, systems (TKS), indigenous knowledge systems (IKS), Community Knowledge Systems (CKS), People’s Knowledge Systems (PKS) or *lokvidya*, vernacular knowledge or local knowledge are the terms that are being used interchangeably in the literature.
- **Millenium Development Goals (MDG)** have set the target to halve the proportion of hungry and extremely poor people by 2015. Source: <http://www.undp.org/mdg>.
- **Gyandootis** is an e-government application implemented since January 2000, in poor and drought prone Dhar district of Madhya Pradesh; <http://www.gyandoot.nic.in>.
- **Digital divide:** It refers to the problem of the growing technology and/or knowledge gaps between and with countries, placing certain groups of people further in the shadow regions of global information flows. These gaps persist both at the level of access to ICT infrastructure, and in terms of the form of information conveyed and who is able to use, understand and produce the information and knowledge which it’s potentially make accessible. (As quoted by several authors and referred by Wilson Merridy, 2000).
- **Reductionism** is defined as a procedure or theory that reduces complex data or phenomena to simple terms; Similar to the Cartesian approach -- take all the components apart and inspect them individually.

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## **Anxiety, Depression, and Stress in Relation to Academic Achievement among Higher Secondary School Students**

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### **ABSTRACT**

Psychological disorders like anxiety, depression and stress significantly exacerbate the pressure on students to perform better. The factors collectively hamper their performance leading to low academic achievement. In Chhattisgarh state few studies have looked especially in the field of mental health and academic achievement of the students in last decades. This study aimed to fill that gap and find out the relationship among anxiety, stress, depression and academic achievements. For this purpose 120 (60 boys & 60 girls) students of 11th standard studying in government schools located in rural area of Mahasamund district of Chhattisgarh state were taken randomly. The ADSS (anxiety, depression and stress scale) was used to measure the anxiety, depression and stress among students. To analysis data Correlational research design will be used. Hierarchical multiple regression analysis revealed significant negative association between depression and, anxiety for criterion variable academic achievement. Furthermore, stress and academic achievement found to be significant positive association with each other. It is concluded that mental health condition of the students affect academic achievements.

**Keywords:** *Hierarchical Regression, Students, Depression, Anxiety, Stress, Academic Achievement.*

School students have been found to have high prevalence of mental health problems across the country. In Chhattisgarh state had limited resources for mental health treatment, counseling or alternative interventions to help students and manage their level of depression, stress and academic anxiety (Pandey, 2016). There have been few mental health studies found in regional context; so to bridge the gap and find out the relationship among anxiety, depression, and stress with academic achievement.

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Many factors influenced students' academic performance. Literature have documented a number of inputs that have impact on students academic achievement these include classroom environment (Sharma, Mitra & Jha, 2014), teacher support (Sharma, 2014). Certain characteristics of the students and their family are also important, including parents education (Sharma & Jha, 2016), locale and sex (Sharma, 2016). Present study focusing on another aspect that influence academic achievement i.e. anxiety, stress and depression. Literature predicts negative association of depression, and anxiety on academic achievement.

Academic anxiety is a common psychosocial disorder in school going students (Costello, Mustillo, Erkanli, Keeler & Angold, 2003). But most of the cases academic anxiety could be underestimated (Tomb & Hunter, 2004); it's linked with perceived social support (Pandey, 2016; Weeks, Coplan & Kingsbury, 2009; Albano, Chorpita & Barlow, 2003). Over anxiety associated with lower academic achievement (Donovan & Spence, 2000; McLoone, 2006; Rapee et al., 2005). Parents' high educational expectations are one of the most negative factor for poor academic achievement and committed self harm activities (Pandey, 2016). The teachers, counselors, administrators, and peers are all school setting can be a first line of defense for students in dealing with mental health concerns and to bring awareness to anxiety, stress and educate helpful ways to cope stress and anxiety (Thompson et al., 2013; Thompson, & Trice-Black, 2012; Tillfors et al., 2011; Tomba et al., 2010; Keough & Schmidt, 2012; Leikanger et al., 2012).

Depression is a mental state in which one suffers sadness; it's a common but major cause of mental illness like depression and academic stress. Depression interrupts an individual's thoughts processes, emotional response and daily life activities (Williams, 1984; Farby, 1980). There are many causes that contribute to depression such as destructive thoughts, cognition, loneliness, social isolation, and lack of peer support. If parents ignore that all things become students getting serious mental condition.

Academic stress is anything that inflicted an additional demand on an individual's capability to cope, often with academic stress. Mostly every student feel stress in his or her schooling period (Sahu, Pandey & Jha, 2016). Some common factors arises stress such as long school schedule, poor socioeconomic status, family educational background (Pandey, 2016); impracticable belief and demands of guardians and teachers, poor academic performance, and poor study (Liu & Lu, 2012; Banerjee, 2011; Gray-Stanley et al., 2010; Rao, 2008; Hamad, Fernald, Karlan & Zinman, 2008).

On the basis of above findings of the studies, present study has been undertaken to find the relationship among anxiety, depression and stress on academic achievement.



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### METHOD

#### *Participants*

The sample of the study comprised of 120 (50% boys & 50% girls); mean age 16 years, higher secondary (11<sup>th</sup> class) school going students studying in government schools at Mahasamund district of Chhattisgarh. All students belonging to Hindi medium and school was situated in rural areas. Random sampling method was used to data collection.

#### *Design*

In this study correlational research design was used. Hierarchical multiple regression analysis was used to analyzed the data. Enter method selecting the predicting variables for the regression model was considered suitable.

#### *Measures*

This study consists of three predicting variables viz. depression, anxiety and stress (Primary data), and one criterion variable i.e. academic achievement (Secondary data). Socio-demographic variables were noted by self made measures.

1. **Academic Achievement** – to assess academic achievement of the participants marks obtained by their 10<sup>th</sup> class board annual examination was taken as a secondary data.
2. **ADS Scale (Bhatnagar et al., 2010)** – to assess the anxiety, depression and stress, ADS scale is used. The reliability and validity were high at 0.72 which is significant at .01 level of significance.

### RESULT AND DISCUSSION

Mean and Standard Deviation were carried out for knowing the nature of the data to yield meaningful information about criterion, and predictors (Table - 1).

*Table 1 Demographic information of the participants (N = 120)*

Variables	Frequency	Percentage (%)	Mean	SD
<i>Participants</i>				
Boys	60	50%		
Girls	60	50%		
<i>Academic Achievement</i>			57.12	12.12
<i>Anxiety</i>			05.92	03.29
<i>Depression</i>			04.19	02.79
<i>Stress</i>			06.48	02.87

Hierarchical multiple linear regression analysis was used to summarize the data as well as to study relationship between a single criterion variable and three predicting variables. The results are presented in (table – 2).

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**Table 2 Hierarchical multiple regression analysis of predicting variables with criterion variable academic achievement**

Predictors	Model 1		Model 2		Model 3		Model 4	
	$\beta$	VIF	B	VIF	$\beta$	VIF	B	VIF
Gender	0.146	1.000	0.175*	1.02	0.144	1.056	0.155*	1.060
Anxiety			-0.187*	1.025	-0.328**	1.709	-0.352**	1.728
Depression					-0.227*	1.761	0.120	2.148
Stress							0.212*	1.500
R	0.146		0.235		0.291		0.338	
R <sup>2</sup>	0.021		0.055		0.085		0.114	
R <sup>2</sup> Change	0.021		0.034		0.029		0.030	
F Change	F(1,158) = 3.401		$\Delta F(1,157) = 4.562^*$		$\Delta F(1,156) = 4.770^{**}$		$\Delta F(1,155) = 4.971^{**}$	

**Note - \*\*p < .01, \*p < .05**

The result of model 1 control variable gender found insignificant  $F(1, 158) = 3.401$ ,  $p < 0.067$ ; standardized  $\beta$  value = 0.146,  $t = 1.844$  indicate that the variable is not contributing significant relation in the variation of the criterion variable academic achievement. That means boys and girls had equal performance in reference to academic achievement.

In model 2 including predicting variable anxiety  $\Delta F$  value  $(1, 157) = 4.562$ ,  $p < 0.05$  is significant which explain that the model 2 anxiety is significant negative contribution in variation of the academic achievement, contributing 3.4 % individual,  $R = 0.235$ ;  $R^2 = 0.055$ ,  $\Delta R^2 = 0.034$ , the model explain overall 5.5% of the variance in academic achievement, which anxiety was added. The standardized  $\beta$  value = 0.187,  $t = -2.371$ , indicates that anxiety is also significantly negatively associated with academic achievement.

It is concluded that control variable gender was found significant relation that's why enter method include this variable; gender ( $\beta$  value = 0.175,  $t = 2.216$ ) contribute 2.1% and anxiety was 3.4% separately; overall both variables are explained 5.5 % of the total variance (Table – 2). It means when level of anxiety would be down the achievement level will be high. Result also indicated that boys were taken less stress comparatively to girls. VIF was found between the ranges of 1.025 to 1.025 which was distant from the 1.0 to 4.0 criteria that may indicate multicollinearity concern (Pandey & Shrivastava, 2016).

It is clear that all the variables were positively correlated with academic achievement of the participants. Studies find awareness and management of academic anxiety can be vital in reducing comorbidity with mental health issues (Miller, Laye-Gindhu, Bennett, Liu, Gold, March, Olson, & Waechter, 2011). Students would be capable to task more efficiently and focus more on schooling, attendance, and social anxiety for learners themselves, educators, and supervisors (Bostick & Anderson, 2009; Lothmann et al., 2011; Marks et al., 2010; Muris et al.,

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2002; Thompson et al., 2013; Thompson, & Trice-Black, 2012; Von Der Embse et al., 2013). Parents could help make emotional and tangible support to help for their child basic requirements (Pandey, 2016).

Furthermore, in model 3 when including predicting variable depression  $\Delta F$  value (1, 156) = 4.770,  $p < 0.01$  is found significant which explain that the model 3 depression is significantly negative contribution in variation to academic achievement, contributing 2.9% individual,  $R = 0.291$ ;  $R^2 = 0.085$ ,  $\Delta R^2 = 0.029$ , the model explain overall 8.5% of the variance in academic achievement, which depression was added. The standardized  $\beta$  value = -0.227,  $t = -2.226$ ,  $p < 0.05$  indicates that depression is also significantly negatively associated with academic achievement. It is concluded that control variable gender was found insignificant relation and anxiety was found significant negative relation; anxiety ( $\beta$  value = -0.328,  $t = -3.268$ ,  $p < 0.01$ ) contribute 5.5% and depression was 2.9% separately; overall both variables are explained 8.5 % of the total variance (Table – 2).

There are few supporting studies was also reveale that depression are directly affect students achievement (Williams, 1984; Farby, 1980). It means when level of depression would be down the achievement level were high. VIF was found between the ranges of 1.056 to 1.761 which was distant from the 1.0 to 4.0 criteria that may indicate multicollinearity concern (Pandey & Shrivastava, 2016). It is clear that all the variables were negatively correlated with academic achievement of the participants.

In addition, in model 4 including predicting variable stress  $\Delta F$  value (1, 155) = 4.971,  $p < 0.01$  is significant which explain that the model 4 stress variable is significant positive contribution in variation of the academic achievement, contributing 3.0% individual,  $R = 0.338$ ;  $R^2 = 0.085$ ,  $\Delta R^2 = 0.114$ , the model explain overall 11.4% of the variance in academic achievement, which stress was added. The standardized  $\beta$  value = 0.212,  $t = 2.278$ , indicates that stress is found significantly positively associated with academic achievement. It is concluded that control variable gender was found insignificant relation (( $\beta$  value = 0.155,  $t = 1.198$ ,  $p < 0.05$ ) and anxiety was found significant negative relation; anxiety ( $\beta$  value = -0.352,  $t = -3.533$ ,  $p < 0.01$ ) and depression (( $\beta$  value = 0.120,  $t = 0.076$ ,  $p > NS$ ); overall variables are explained 11.4 % of the total variance (Table – 2). Academic stress influenced academic achievements of the secondary class students (Sahu, Pandey & Jha, 2016). It means general level of stress was fruitful for students; when stress was present academic achievement level was high (Liu & Lu, 2012; Banerjee, 2011; Gray-Stanley et al., 2010; Rao, 2008; Hamad, Fernald, Karlan & Zinman, 2008). A researcher was found similar correlation with depression, anxiety, stress and academic achievement (Bhasin, Sharma & Saini, 2010). VIF was found between the ranges of 1.060 to 2.148 which was distant from the 1.0 to 4.0 criteria that may indicate multicollinearity concern

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(Pandey & Shrivastava, 2016). It is clear that all the variables were correlated with academic achievement of the participants.

### CONCLUSION

The findings of the present study concluded that, academic stress, depression (Mental illness), and anxiety was directly associated with students daily life and influence their level of academic achievement; it is most important to parents, teachers, mental health professionals and counselors to solve problems of the students related to their mental health.

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## Perception of Students towards Institute

Himanshu Chawale<sup>1\*</sup>, Tejal Sarda<sup>2</sup>, Yogesh Deshpande<sup>3</sup>

### ABSTRACT

The perception towards academic institution is a major variable which propels the academic authenticity and credibility of any engineering institution. The present study aims to examine the perception that develops over the years between students of engineering college and their university. The survey was carried out in India selecting 70 students (40 boys and 30 girls) from engineering colleges and category specific sets of questionnaire were provided and the results were interpreted on the basis of the responses provided. The independent variable chosen here are the academic and educational services that are provided by the university whereas the dependent variable was taken is the perception and change-inducing ability about the academics observed in engineering students. Also, it was observed whether the students who wish to change reforms in the method of instruction and other university avenues would themselves be willing to impart the same changes in their own contribution to their alma mater.

**Keywords:** *Perception, Engineering Education, Students' Participation, Educational Intervention*

Students are direct receivers and participators for the higher education service and the study of their activities influence their perception and satisfaction to the educational quality. The dynamics of student's perception towards their institute and the bi-lateral relationship between the educational setup and students' participation is a vital component to enhance teaching learning pedagogy. This research paper studies the probable participatory control, perception, and students' execution in making the educational institute more holistic in nature.

The engineering school has a particular set of academic, administrative, and research variables which directly influence the perception of its students towards their alma mater. Infrastructure, facilities, avenues for self-growth, enhancement of technical aptitude, peer learning and cognitive bond with alumni are major components which result into positive perception. The

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perception of engineering students is of prime importance for not only creating a conducive environment for teaching-learning pedagogy but also for enhancing the credibility of an institute. In this study, the researchers investigated whether classroom methods and alumni association are significantly associated with student satisfaction in the campus.

Alf Lizzio et al. (2010) in their article titled “University Students' Perceptions of the Learning Environment and Academic Outcomes: Implications for theory and practice” focused on whether classroom behaviours and course curriculum are significantly associated with student learning and satisfaction in the campus. It is described that cohesive and hand-in-hand working represent professors’ attempts to reduce the social distance between themselves and their students. While their study found that classroom interaction and behaviours were positive predictors of student learning and course satisfaction, such other factors as student attitudes toward learning, method of instruction, and prior student and professor interaction on online portals were also significant predictors. Their findings suggest that both course curriculum and interaction with professor beyond classroom lessons merit attention for practical-incentivised courses to successfully deliver undergraduate engineering education.

Richardson et al. (2003) in their article “Examining Social Presence in Online Courses in Relation to Students' Perceived Learning and Satisfaction” have demonstrated that social presence affects not only student but also instructor satisfaction. Teacher immediacy behaviours and the presence of others are especially important issues for those involved in delivering online education. The study explored the role of social presence in online learning environments and its relationship to students' perceptions of learning and satisfaction with the instructor. The study found that students with high overall perceptions of social presence also scored high in terms of perceived learning and perceived satisfaction with the instructor. Students' perceptions of social presence overall, moreover, contributed significantly to the predictor equation for students' perceived learning. Gender accounted for some of the variability of students' overall perception of social presence, while age and number of college credits earned did not account for any of the variability.

The present study tries to signify the perception of various channels of learning present in the undergraduate university system in the engineering students (ranging from 18 to 22 years of age) who were enrolled in the university in the previous three years. It tries to examine the connection between the students’ motivation and their desire to change the perception for the coming batches. It also categorises the avenues provided by the university; whether it is the method of instruction or the facilities provided and availed by the students for enhancing positive connect. This study presents questionnaire to the survey-takers and finally the results are shown on the Likert-scale options chosen by the students in the specific categories. Through studying the effects of students’ activities to their satisfaction, the researchers establish the college student



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satisfaction and perception in engineering college and can suggest improvements that could lead to a better and positive perception among the students.

To try and understand the factors which influence student perception in undergraduate education, as well as consequences of it, this study features a Likert-scale questionnaire. The questionnaire was tested through the utilisation of online survey websites and showed that the variable which has the most influence in student satisfaction in undergraduate education is–“Returns on investment of time image” followed by “value” and afterwards “quality perceived”.

### METHODOLOGY

Before conducting the survey, pilot study was conducted to examine the probable variables influencing bi-lateral process of students’ perception. This was done to check the reliability and validity of the questionnaire which was found to be appropriate. The study was conducted on 70 undergraduate students (Male-40, Female-30) of various engineering colleges. The questionnaire was uploaded on an *online-form-creation-website*. The questionnaire consisted of 42 questions– 18 questions with Likert-scale options: Strongly Agree, Partially Agree, Neutral, Partially Disagree, and Strongly Disagree, and remaining 24 with ‘Yes’, ‘No’, and ‘Not Available’ options. The questionnaire focused on outlook of an engineering student towards following four categories–

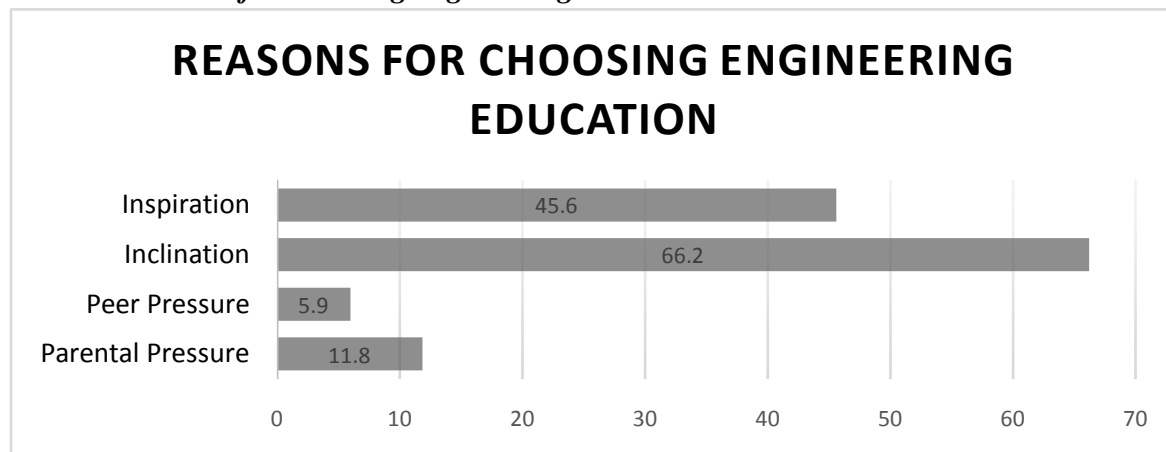
- i. Technology as a Form of Instruction
- ii. Interaction with Alumni
- iii. Learning Experience
- iv. Self-Perception

Privacy of the student was maintained as no personal information besides age and gender were mandatorily asked.

### DATA ANALYSIS

The following table1 compares the primary motivation of student while choosing Engineering as a field of Undergraduate study.

**Table 1: Reasons for choosing engineering education**



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The above table depicts major reasons for which the students were asked to rate priority wise reasons for joining an engineering school. They were asked to tick one or more variable for giving their opinion. From the above table, it can be seen that majority of students opined that *personal inclination* was the most important reason for joining engineering discipline. Next was the *inspiration*, followed by *parental pressure*. Whereas peer pressure was the least preferred variable which might have influenced the decision of the students to choose engineering. The following table 2 compares percentages of the options chosen by the participants.

**Table 2: Percentage Distribution of cardinal expectations and assertions**

Particulars	Strongly Agree	Partially Agree	Neutral	Partially Disagree	Strongly Disagree
There is a need to reorient engineering education and lab work using active learning theories	51.4%	38.6%	5.7%	4.3%	0%
Teachers will now act as "facilitators of student learning" instead of "imparters of knowledge"	24.3%	30%	24.3%	11.4%	10%
Would you like to have Alumni with work experience as a mentor who will guide you in choosing better career options?	74.3%	22.9%	2.9%	0%	0%
Do the Departmental Alumni meets help in the selection of courses and internships?	31.9%	17.4%	31.9%	8.7%	10.1%
Are your Engineering courses useless and irrelevant in practical life?	7.1%	28.6%	15.7%	32.9%	15.7%
I feel a sense of belonging to my college	60%	24.3%	12.9%	0%	2.9%

From the table 2, it is seen that the students were not in favour of current education mechanisms, evident from the statistic; 90% asserting to reorient class work and lab experiments. Further, students also liked the proposition of having an alumnus as a career mentor for strong interpersonal bond and to receive exposure of corporate world of work. But on the contrary it was observed that for perception about engineering courses, 28.6% of the participants agreed that the courses were not relevant to the contemporary industrial work. Further, 48.6% of the students had a neutral and positive perception about the relevance and usefulness of their academic coursework. For the variable *sense of belonging* to the university, 97.2% students were either neutral or positive. When asked whether new education system would tone down to 'facilitators' instead of 'imparters', the participants were evenly distributed on the Likert-scale matrix. The following table 3 compares student participation in the activities provided by the college.

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**Table 3: Percentage Distribution of participation in university activities**

Particular of items	Yes	No	N.A.
Do you think remedial classes serve their purpose?	68.3%	17.4%	18.8%
Would you take remedial classes for your junior batches?	49.3%	44.3%	5.8%
Do you take Courses or Projects under the guidance of professors of another department?	38.6%	37.1%	24.3%
Do you participate in Live Projects in your college?	47.1%	26.5%	26.5%
Would you recommend admission in your college to your siblings?	77.9%	10.3%	11.8%
Do you take audit courses?	50.7%	33.3%	15.9%
Do you attend lectures in another department out of unmitigated interest?	18.6%	64.3%	17.1%
Have you published any research paper or review paper?	4.3%	84.3%	11.4%
Are you a part of any social club outside campus?	25.7%	70%	4.3%

The findings from the table 3 are peculiar and throw light on the bi-lateral perception towards institute and its academic interventions. The researchers got substantial evidence about the opportunities available inside the campus and the number of students actually making prudential use of the said opportunities. Only one-third of the students took courses or projects under the guidance of professors of another department. The researchers also found that more than 50% students took non-credit courses. Moreover, 13 out of 70 students attended lessons from another department out of unmitigated and intrinsic interest. 68.3 percent of the participants agreed that remedial classes serve its purpose of additional academic assistance for weak students. However, only 49.3 percent students liked the idea of taking remedial classes for juniors.

## DISCUSSION

The results state that the comparison between expectation from university and its perception is based on the student motivation and desire to change conventional methods. Students are direct receivers and participators for the higher education service, and their study activities would influence their perceptions and satisfactions to the educational quality. Perception of students towards institute is a vital component to enhance the academic acumen of any engineering school. In the contemporary state of art educational commercial hub, favourable perception plays an important role to enhance the continuous flow of students to a particular engineering school and also betterment of the institute for the academic pursuit.

Contrary to popular belief, *Inclination* and *Inspiration* are significant factors in choosing an undergraduate degree in Engineering. This statistic helps to answer more questions about Perception towards Institute and devise ways to find common ground to improve the of students' motivation and to brainstorm ideas and projects that improve the overall experience. Further, it can be seen that students are aware about the overall changes taking place in an engineering schools and want their institute to adopt more modern and proactive interventions. Students are aware and can enthusiastically participate in the state of are engineering education where

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technology, online courses, computer simulation, live projects, skype interviews with entrepreneurs and appropriate software will enhance the functional utility of engineering education. Interaction with alumni was also given prime importance wherein engineering students perceived alumni as an interface between and institute and industry. Self-perception and cognitive abilities play important role to get appraised about the various intervention strategies adopted by an institute which results into either positive or negative opinion about the engineering institute.

## CONCLUSION

From the above-performed analysis the researchers conclude that *inspiration* and *inclination* are found to be primary motivators for joining engineering. On the basis of the obtained data, it can be concluded that the learning experiences and teaching methodology are the most significant factors to determine students' perception towards engineering institute. The analysis showed that the students' perception could be further improved by the following intervention techniques–

- i. Better understanding of students' needs and requirements.
- ii. Frequent, direct, and active interaction with alumni of the college.
- iii. Collective student and teacher participation in multi-level academic and research projects.

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## Positive Mental Attitude: A Need of Time

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### ABSTRACT

Why do we need positive mental attitude because in this new era challenges and obstacles we face in our personal and professional live are of a different order of magnitude. Human being entered in new challenging era. People in the world today feel as if their career is nothing more than work. They seem to have lost the joy in their livelihood. Young people are also faced problems in their life and career issue. So that this study based on library research. Researcher used many books, surveys and researches happened in positive psychology and finally conclude that there is strong need of positive mental attitude in society.

**Keywords:** *Positive Mental Attitude*

**P**ositive mental attitude is a concept in positive psychology. Napoleon Hill a very famous writer and researcher developed this concept in his bestseller book *Think and Grow Rich* in 1937. In this book writer do not use this specific term but he developed the importance of positive thinking in human life as a principle to success. Later He, along with W. Clement Stone, founder of Combined Insurance, later wrote *Success Through a Positive Mental Attitude* which defines positive mental attitude as comprising "the 'plus' characteristics symbolized by such words as faith, integrity, hope, optimism, courage, initiative, generosity, tolerance, tact, kindness and good common sense. Positive mental attitude is the philosophy that having an optimistic disposition in every situation in one's life attracts positive changes and increases achievement. Adherents employ a state of mind that continues to seek, find and execute ways to win, or find a desirable outcome, regardless of the circumstances. It opposes negativity, defeatism and hopelessness. Optimism and hope are vital to the development of Positive mental attitude.

A positive mental attitude is the belief and such kind of optimistic thought processes. And through this process one can increase achievement and success and whatever wants in life. A positive attitude is not directly come from genetic order but comes from observational learning in the environment and is partially achieved when a vision of good natured change in the mind is

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applied toward people, circumstances, events, or behaviours. Since it is difficult to quantify the effects of a positive mental attitude, it can be considered a philosophy and a way to approach life.

Positive thinking is a discipline that trains the human mind to change a perceived reality by repeatedly making positive mental statements. A person practices positive thinking when they derive a positive sense of well being, optimism, belonging, meaning and/or purpose from being part of and contributing back to something larger and more permanent than themselves. Positive thinking is a process of choosing positive emotions from stimuli in the environment and applying them to perceptions and beliefs. The objective is to create an outlook that translates into a new or better chosen reality.

By definition, the word positive means dealing with matters of fact; expressed clearly, or in a confident or peremptory manner. However, in the concept of positive thinking, the word positive is meant to signify a manner of thinking; a manner that puts emphasis on processing thoughts in a more desirable, upbeat way.

It can be described as the practice of embracing the affirmative in our thoughts, our feelings, our actions, our reactions and our speech. Positive thinking is a mental attitude that admits into the mind thoughts, words and images that are conducive to growth, expansion and success. It is a mental attitude that expects good and favourable results. It is strategy that can be used to make you feel good about yourself.

Thinking positive is one of the most important things you need to practice throughout your life. It is a way of living and a technique that you need to incorporate into your daily life if you have any intentions of changing things or accomplishing your goals. It is also a way to use your mind to reverse the damaging effects of negative thinking. A positive mind anticipates happiness; joy, health and a successful outcome of every action and situation. Based on the idea the mind can affect the body, positive thinking is a way of keeping the mind and body healthy.

Psychological optimalism, as defined by the positive psychologist Tal Ben-Shahar, means willingness to accept failure while remaining confident that success will follow, a positive attitude he contrasts with negative perfectionism. Perfectionism can be defined as a persistent compulsive drive toward unattainable goals and valuation based solely in terms of accomplishment. Perfectionists reject the realities and constraints of human ability. They cannot accept failures, delaying any ambitious and productive behaviour in fear of failure again. This neuroticism can even lead to clinical depression and low productivity. As an alternative to negative perfectionism, Ben-Shahar suggests the adoption of optimalism. Optimalism allows for failure in pursuit of a goal, and expects that while the trend of activity will

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tend towards the positive it is not necessary to always succeed while striving to attain goals. This basis in reality prevents the optimalist from being overwhelmed in the face of failure.

Optimalists accept failures and also learn from them, which encourages further pursuit of achievement. Dr. Tal Ben-Shahar believes that Optimalists and Perfectionists show distinct different motives. Optimalists tend to have more intrinsic, inward desires, with a motivation to learn, while perfectionists are highly motivated by a need to consistently prove them worthy.

### **Why We Need Positive Mental Attitude:**

The world has changed dynamically since 19th century. Life is more complex, more stressful, more demanding. We have transitioned from the industrial age into the information and knowledge. We face challenges and problems in our personal lives, our families and our organizations unimagined even one and two decades ago. These challenges are not only of a new order of magnitude, they are altogether different in kind. Throughout our lives, we are on a hunt. We search for the magical keys that will unlock the doors of success. The identity of those keys is not the same for everyone. American revolutionary Ben Franklin told in his autobiography about asking a fever to create a positive connection in a negative environment.

A positive attitude helps you cope more easily with the daily affairs of life. It brings optimism into your life, and makes it easier to avoid worries and negative thinking. If you adopt it as a way of life, it would bring constructive changes into your life, and makes them happier, brighter and more successful. With a positive attitude you see the bright side of life, become optimistic, and expect the best to happen. It is certainly a state of mind that is well worth developing. It may seem easy to just adopt a positive attitude to life. You probably will not need a lot of convincing to at least give it a try. After all, what do you have to lose? People let their attitude guide them all of the time. Unfortunately, most of the time, the attitude is a negative one. It is often easier to see how a negative attitude influences your life. This is just human nature to see negative over positive. We are more often drawn to drawing out the negative over the positive. Pessimistic attitudes seem to flood the world, while optimism is slowly drowning.

A positive attitude leads to happiness and success and can change your whole life. If you look at the bright side of life, your whole life becomes filled with light. This light affects not only you and the way you look at the world, but it also affects your environment and the people around you. If this attitude is strong enough, it becomes contagious. It's as if you radiate light around you.

People who think positively are usually more energetic and healthy than people who think negatively. They are happier, and this of course, affects their health.

The mind has a strong effect on the body and on health. When you think positively your immune system is healthier, and your body recuperates faster. Another reason, why you should adopt a



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positive way of thinking is the effect it has on relations with people. People tend to gravitate and to like positive people, and to keep a distance from negative people. Positive people bring joy, happiness and uplifting energy, and are fun to be around. They bring light and joy, and energize their environment.

Your attitude and the way you think have much to do with how you feel about yourself. If you adopt a positive attitude and think positively, you will have a better opinion of yourself, which means a sense of self-esteem. Choose to look at yourself in a positive light. See what is positive and good in you. This will automatically increase your self-esteem. Don't worry about negative people, and about what they think and say about you. When you have a positive attitude toward yourself, the people around you will have a better opinion of you, and would treat you with more respect.

Loving yourself, being good to you, and being happy, are expressions of thinking positively. This attitude would also enhance your self confidence, your courage, and your inner strength. A positive attitude awakens happiness. You don't have to be rich or achieve goals to be happy. It is a matter of attitude. When you adopt a positive frame of mind you become happy. Happiness does not depend on external causes. It comes from inside you. You can be happy now. You don't need to lose weight, get a promotion or win the lottery to be happy. It is a matter of attitude. Having a positive outlook on life will make you happy, while being negative will make you unhappy. Thinking positively will help you accomplish dreams and goals, and tasks would be easier to fulfil. Motivation is a positive quality and a wonderful trait to have. It pushes you forward, encourages you, and helps you overcome obstacles. A positive frame of mind increases your motivation to succeed and get what you want. It will make you believe you will get what you want. It will also motivate you to achieve more than you ever expected. When you adopt a positive attitude, it will take some time to make it routine. In the beginning, you will likely have to work hard to make sure you are being positive in every aspect of your life. You will have to make an effort to stay positive and to think positive. It can be difficult, especially if you often give in to negative thoughts and actions. Developing a positive attitude is about making everything in your life positive. That means associating with positive people, keeping you in positive situations and surrounding yourself with positive things. You have to get rid of negativity. You have to start being positive about everything. You are paving your road with the positive and this will lead you to positive results.

### **Research in Positive Mental Attitude:**

Positive thinking is an umbrella term for a range of ideas and techniques associated with the psychology of achievement. It is the main idea that lies behind the self-help movement that originated in the United States and has since become very influential worldwide.

1. Research from the Harvard School of Public Health (2001) links a more optimistic outlook with a lowered risk of heart disease in older men and University of Pittsburgh researchers

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report that optimistic women have less thickening of the carotid artery walls. That Women's Health Initiative Study (2009) suggests that a positive mental outlook is associated with reduced evidence of coronary heart disease and total mortality in postmenopausal women.

Thousand of articles in virtually all popular, medical, health and news journals tout the benefits of PMA on longevity and many other positive aspects of aging, says Dr. Peter Norvid, a geriatric specialist treating patients at Adventist Hinsdale and La Grange Memorial hospitals and medical director for Heartland Hospice. "Optimistic people live longer, have closer personal relationships and are able to deal with the negative things that happen to them in a way that allows them to continue to be able to be there for others so that others can help them."

2. In 2000, Mayo Clinic researcher Toshihiko Maruta, M.D., published a 30-year study of 839 patients, indicating a pessimistic view was a risk factor for early death, with a 19 percent increase in the risk of mortality," says Ken Budd, executive editor, AARP the Magazine. "Even after adjusting for age and gender, pessimists had a higher mortality rate than those who tested as optimistic. Using the Minnesota Multiphasic Personality Inventory, researchers found the way people explain life events with a positive outlook or a negative one directly related to their mortality.
3. The research was published in the Melbourne Institute Working Paper Series and examined the outlooks and lifestyles of more than 7,000 people in Australia. Their research shows a direct link between the types of personality a person has and a healthy lifestyle says study author Deborah Cobb-Clark. Men and women who remain positive about life are more likely to eat better, exercise regularly, and take better care of themselves overall. People who feel like life is a matter of fate or luck are less likely to live healthy, and are more likely to smoke and drink. The bottom line: when you feel in control, you take control. People who exhibit a positive mental attitude about life are often those who take an action-oriented approach to everything. They might run into the same obstacles as someone with a more negative outlook, but they choose to respond, not react, differently. People who always feel like things happen to them and that these occurrences determine the course of their life are less likely to take control because they are less likely to feel in control.
4. No one really understands how or why a positive attitude helps people recover faster from surgery or cope better with serious diseases, diseases as serious as cancer, heart disease, and AIDS. But mounting evidence suggests that these effects may have something to do with the mind's power over the immune system. One recent study, for example, polled healthy first-year law students at the beginning of the school year to find out how optimistic they felt about the upcoming year. By the middle of the first semester, the students who had been confident that they would do well had more and better functioning immune cells than the worried students.
5. Patients with chronic coronary artery disease, asthma or hypertension often find it difficult to adhere to an exercise or a medication plan to manage their disease. But they can help themselves by cultivating a positive mental attitude and practicing self-affirmation techniques,

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according to new research from a team of investigators that includes John Allegrante, Deputy Provost and Professor of Health Education at Teachers College. The findings are detailed in three linked studies, involving 756 patients, published online on January 23 in the Archives of Internal Medicine, one of the journals associated with the Journal of the American Medical Association (JAMA). Allegrante served as co-investigator and senior behavioral scientist and health education specialist on each of the three studies and is a coauthor on the reports. The research was led by Mary E. Charlson, MD, Executive Director of the Center for Integrative Medicine at the Weill Cornell Medical College and the William T. Foley Distinguished Professor of Medicine and professor of integrative medicine at Weill Cornell Medical College, with whom Allegrante has collaborated for over 20 years on NIH-funded investigations. One study, of coronary artery disease patients, was led by Janey C. Peterson, a Teachers College alumna who completed her doctorate under the sponsorship of Professor Allegrante, who is now a faculty member in the Department of Medicine and the Center for Integrated Medicine at Weill Cornell.

### **CONCLUSION**

Positive attitude helps to cope more easily with the daily affairs of life. It brings optimism into your life, and makes it easier to avoid worry and negative thinking. If you adopt it as a way of life, it will bring constructive changes into your life, and makes them happier, brighter and more successful. With a positive attitude you see the bright side of life, become optimistic and expect the best to happen. It is certainly a state of mind that is well worth developing and strengthening. A positive attitude leads to happiness and success and can change your whole life. If you look at the bright side of life, your whole life becomes filled with light. This light affects not only you and the way you look at the world, but also your whole environment and the people around you. If it is strong enough, it becomes contagious.

Individuals who have a positive attitude will feel the impact on their health through lack of illness and overall increased positive well-being. With reference to above research many health benefits have been influenced by a positive attitude, including increased life span, increased resistance to the common cold, lower rates of depression, increased cardiovascular health, reduced stress, and overall physical and mental vigour.

Overall, the importance of a positive attitude on health is apparent, but how it works exactly is still unclear. The mind-body connection is strong and undeniable to those in the medical community. Improving your state of mind can have significant lasting effects on health. One of the ways to do this is to increase positive thoughts by making a conscience effort to refrain from criticism of yourself and others. Also, HelpGuide.org suggests that humour and laughter are one of the quickest ways to influence your health. The positive attitude humour and laughter bring with them can immediately ward off stress and anxiety thus returning you to a calm, positive state of mind.

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### *The benefits of a positive attitude:*

1. You will experiencing greater levels of inner peace and gratitude within you.
2. Positive attitude would help you in achieving your goals and attaining success.
3. Your success will achieve faster and more easily.
4. You will get more happiness in your life
5. Your energy level will increase.
6. You will find greater inner power and strength.
7. You will have the ability to inspire and motivate yourself and others.
8. Fewer difficulties encountered along the way.
9. The ability to surmount any difficulty.
10. Life smiles at you.
11. If you will have positive attitude people respect you.

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## Stressors in Defence Academy

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### ABSTRACT

The study was conducted to examine the differences in the stressors of the defence trainees among the three wings of defence (Army, Air force and Navy). An inventory of stressors was constructed to be used in the study. Inventory was constructed through three stages. In the first stage, interviews were conducted with three generals and a panel of 7 members to collect information on stressors during defence training to formulate questionnaire for the conduction of Focussed Group Discussions (FGDs). During the second stage, 8 FGDs were conducted, where in each FGD consisted of 8 trainees; total sample was randomly selected, 64 male trainees aged between 17.6 years to 18.6 years. In addition to this, 27 instructors of the academy were interviewed to collect relevant information to formulate inventory of stressors during defence training period. In the third stage, 34 items inventory of stressors was constructed. These 34 items were classified into 3 categories, (1) Physical training and its impact (2) Process and systems of training (3) Social and Psychological stressors. This inventory was standardized on randomly selected N = 100 male trainees (male aged between 17.6 years to 18.6 years) belong to three wings of defence. Cohen's perceived stress scale was administered to find content validity and content validity was found at 0.705 and Chronbach reliability was found at 0.957 and split half reliability was found at 0.937.

**Keywords:** *Stressors, Defence Training, Focus Group Discussions.*

The word “stress” reminds, one of the “pressures” placed upon us. The well known quite often referred definition of stress is Selye's (1936), where he states that “stress” as the non-specific (i.e., common) result of any demand upon the body; be it a mental or somatic demand for survival and the accomplishment of our aims. Stress irrespective of any other specific changes that may occur after exposure to one or the other “stressor” or “stress-producing agent”.

The term ‘Stress’ originated in the field of Engineering, to the engineer; it means every external force will be directed towards some physical object. This external force causes Strain that can be

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temporary or permanent alteration in the structure of the object. This engineering connection is adopted in psychology and physiology referring stress as the external agent or stimulus and strain being the resultant effect.

Another simplified definition of 'Stress' is by Arnold (1966) where he considered Stress as "Any condition that disturbs normal functioning." According to Lazarus (1966) & Selye (1956) the term 'Stress' refers to a state of imbalance within an organism that a) is elicited by an actual or perceived imbalance between environmental requirements and the organism's ability to cope with these demands, and b) is manifested through a variety of physiological, emotional and behavioural responses. This response syndrome occurs due to excessive environmental demands, or stressors, that the organism is exposed to. Conditions of the social and physical environment act as stressors that tax & exhaust the organism's resources for adaptation.

Stress situation can occur due to several factors. They could be physical (extra heat or cold), chemical (ex. Intoxication, dehydration), viral (ex. bacteriological infection), inter human (ex. conflict, deprivation, frustration), social stress (social circumstances or cultural rules that are frustrating), occupational stress (demands work environment) or natural calamities (ex. Flood, earthquake, landslide)

Stress as term has gained lot of attention since it has been used as a substitute for several concepts like anxiety, conflict, emotional distress, extreme environmental conditions, ego-threat, frustration, insecurity feelings (threat to security), tension, arousal, and thus has gained special status in the field of research in Biological, physiological, clinical, psychosomatic, psychological, experimental research and unusual environments like military and space operations.

In the field of stress, it has become important to differentiate between "Stress" and "A Stressor". Stress is the feeling we have when we are under pressure, while Stressors are the conditions of the environments that creates pressure upon us. Perception of an event's occurrence is necessary if it is to be called as a "Stressor", people do react differently to a "Stressor", depending on their defence mechanisms at conscious or unconscious level. Lazarus (1975) indicated that a stimulus might be a physiological stressor without being a psychological stressor and stress either physiological or psychological is not necessarily unpleasant. The pleasant kinds of stress are considered as "Eustress" unpleasant kinds of stress are considered as distress. Kagan (1975) claimed that a given stimulus may be a stressor for one subject but not for another. Further, another important aspect to note is that the same stressor that has caused a state of stress in a particular subject on a particular occasion may have a stranger or weaker effect in a subsequent occasion.

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According to Adler et al (2004) Military stressors occur in three major environments, a) Garrison b) Training exercises and c) Deployment. Some of the Stressors are similar to those found in non-military work settings, but some are unique to military set up. Some of the Stressors unique to military set up are work overload, unpredictability, role stressors, traumatizing event like threat to one's safety like human suffering or death, inflicting harm on others and certain stressors related with deployment like austere living conditions, boredom and family separation. In the process of preparing trainees for these stressors during deployment, trainees are definitely exposed to these stressors, especially, threat to one's safety, health, different living conditions, some amount of boredom, physical exertion and family separation.

In the program aimed by Walter Reed Army Inst of Research (WRAIR) 2004, to address soldier's stress, health and performance they found stressors in a variety of environments of military service like:-

- i) Military stressors across several tasks across operations and environments.
- ii) Identification of mission-specific stressors.
- iii) Occupational stressors associated with military service within a multidimensional framework in military environment.

The stressors experienced by military personnel can be classified under two categories.1) General work stressors. 2) Stressors specific to military.

### 1) **General work stressors:**

- a) Work overload: the number of military missions has increased while the number of military personnel has decreased.
- b) Predictability: the predictabilities of the duration of deployment are uncertain. Day-to-day work load and work schedule will be unpredictable and stressful non congruency. Military personnel will not be aware of the duration of their deployment, which create lot of stress to both soldiers and their families.
- c) Role stressors: arise due to the job training and the mission of the soldiers where he is deployed. When soldiers lack proper training relevant to their job or when their mission is not appreciates to their professional identity (trade) their morale and performed often suffered.
- d) Interpersonal conflict and organizational constraints: in a survey conducted by WRAIR in 373 U.S. soldiers deployed in Europe in 2001, these two stressors of operational readiness and positively relates to depression and general psychological distress.

2) **Specific to military training stressors:** The training stress in military training occupies a unique place in military environment. Several studies conducted by WRAIR with Reserve Officer Training Corps (ROTC) cadets indicate that key stressors for cadets are:

- a) Role stress: cadets may be lacking capabilities to undergo physical training.
- b) Performance concern
- c) Workload. They found each of these stressors demonstrated negative relationship with cadet's well being and performance outcomes.
- d) Within group conflict: refers to disagreements, differences or in congruencies within groups.



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The cadets are trained together but are evaluated on their potential to be future officers. This within group conflict was negatively related to group performance and also to cadet's psychological well-being and overall performance.

3) **Deployment stressors:** these stressors were due to both non-traumatic and potentially traumatic events. They are:

- a) Austere living conditions
- b) Boredom
- c) Family separation
- d) Transitioning between deployment and home'
- e) Uncertainty about mission's objectives and army policies.
- f) Threat to their safety and psychological well-being
- g) Post deployment stressors. After the deployment also soldiers are affected by reduced sleep hours, increased use of conflict based tactics and excessive consumption of alcohol.

A military training, basically trains the cadets to acquire the skill and develop technical proficiency, discipline, strength, endurance and teamwork. Several studies have shown that (Evans et al, 2008), stress fractures develop when bone is exposed to repetitive, cyclical, high intensity or intense exercise, when an individual significantly increases activity levels over a short period of time, particularly in military training. Trainees also have to undergo several physical and psychological stressors like mandatory physical training, group living, and peer pressure and competition (Lieberman, et al, 2008).

In a study conducted by Busko and Kulenovic (2000), on 449 Army recruits during military basic training. They administered a set of self-report instruments to measure stressors during military service, cognitive appraisals and the ways of coping with stressors at two points of times. 1) Within first 7 – 12 days of their services and 2) Last but one week of their military basic training.

They designed a 43 – item self-report problem scale to measure the incidence and the intensity of scientific sources of problems during military service. Each item was assessed on a 4 – point scale (1 = not at all a problem; 4 = bothers me a lot). In addition to examine the content of stressful events, a list of potential stressors was also administered. They classified these stressors into 6 categories; housing, relationships with other recruits, military regime, and relationship with superordinates, disconnection of civilian life and unclear situations during military service. There are several studies conducted in other countries to study stress in military environment. They have developed and administered stress measuring instruments in their study. Examinations of such stress measuring instruments revealed that the items in the scales reflect some cultural elements that are uncommon in Indian context. A strong need was felt to identify the stressors that are experienced by the Indian defence trainees, during their military training. Hence an attempt was made to construct an inventory of stressors experienced by trainees in defence training academy, in this study.

### METHOD

At the preliminary stage of the construction of the inventories of stressors, informal/ unstructured interviews were conducted with three major Generals of the army who served as Instructors at the Defence Training Academy. This information was utilized to construct the questionnaire for facilitating Focus Group Discussions (FGD) with trainees to collect more authentic knowledge about the stressors during the training period.

A panel of six members was constituted for standardizing the questionnaire. The panel consisted of two instructors at the Defence Training Academy. Two psychologists who are serving at Services Selection Board, one professor of clinical psychology at NIMHANS and one practicing psychologist. In depth interviews were conducted with each member of the panel and their opinions were collected regarding the questions formulated for focused group discussion with trainees.

#### *Sample:*

Constituted of 64 trainees undergoing their second and third year of training belonging to all the three service wings, Army, Navy and Air force who were randomly selected as a representative sample of the Defence Training Academy.

Semi structured interviews were also conducted with 27 instructors at the training academy to collect relevant information on the stressors experienced by trainees during the training period.

#### *Procedure:*

Depending on the ratio of induction of trainees into 3 service wings, 4 FGDs were conducted with Army trainees, 2 FGDs were conducted with Navy Trainees and 2 FGDs were conducted with Air-force trainees. Each FGD was conducted with 8 trainees. The transcriptions of all the 8 FGDs were analyzed using qualitative technique. Coding was done separately for each wing of defence. The information collected from the training instructors of the Academy was also coded separately.

### RESULTS AND DISCUSSIONS

Deducing from the output of the qualitative analysis of FGDs and instructor's responses, an inventory of stressors of 34 items was constructed. These 34 stressors were further classified into 3 types of stressors on the basis of their sources:-

- 1) Physical Training and its impact (11 Stressors).
- 2) Process and systems of training (13 Stressors).
- 3) Social and psychological stressors (10 Stressors).

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*Table No.1 gives the detailed distribution of 34 items into three categories of stressors*

1) Physical Training and its impact	2) Process and systems of training	3) Social and psychological stressors
1. Physical activities	2. Time management problem	4. Harsh words from instructors and seniors
3. Muscle stress	6. No relaxation after physical training	7. Made to do funny things by seniors
5. Exhaustive cross-country	10. No holiday	11. No communication with parents
8. Pain	15. Lack of proper sleep	13. No personal time
9. Doing PT after dinner	19. No liberty	16. Continuous check by seniors
12. Injuries	23. Cabin-Cupboard	20. Disturbance by others
14. Games	25. Irritating routine	21. No personal space
17. Fractures	26. Getting up early morning	24. Less social contacts
18. Hard drill	28. Punishments	27. Comparison with other civilian friends
22. Camps	30. No cell phones	34. Communication period reduced
29. Physical exertion	31. Lack of opportunity to learn new things	
	32. Sudden engagements	
	33. Unnecessary activities	

From the above table it is evident that more number of stressors is there in the second category i.e., Process and Systems of training when compared to Physical training and its impact and Social and psychological stressors.

### ***Standardization of the Inventory:***

Standardization of the Inventory was carried out on 100 trainees of the first semester in the academy. These 100 trainees were randomly selected out of 245 first semester trainees, who are undergoing training at the Academy. Stratified random sampling procedure was adopted to select the sample. All the first semester trainees were divided into 3 wings according to the ratio of induction, and then randomly selected to get a representative sample of the first semester trainees. Total sample constituted of Army N = 69, Air force N = 21 and Navy N = 10.

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*Table 2 showing first category of stressors experienced by three wings of defence training academy*

Physical Training and Its impact	Army		Navy		Air force		Total
	N	%	N	%	N	%	
1. Physical activities	68	98.5	10	100	21	100	99
3. Muscle stress	69	100	10	100	21	100	100
5. Exhaustive cross-country	33	47.8	6	60	16	76.2	55
8. Pain	67	97.1	10	100	20	95.2	97
9. Doing PT after dinner	66	95.6	10	100	21	100	97
12. Injuries	57	82.6	6	60	17	80.9	80
14. Games	69	100	8	80	19	90.5	96
17. Fractures	11	15.9	2	20	1	4.7	14
18. Hard drill	69	100	9	90	21	100	99
22. Camps	13	18.8	1	10	8	38.1	22
29. Physical exertion	30	43.5	10	100	21	100	61
<b>Total</b>	<b>552</b>		<b>82</b>		<b>186</b>		<b>820</b>
<b>Mean</b>	<b>50.18</b>		<b>7.45</b>		<b>16.91</b>		
<b>Median</b>	<b>66</b>		<b>9</b>		<b>20</b>		
<b>SD</b>	<b>23.62</b>		<b>3.33</b>		<b>6.56</b>		

From the above table, it is evident that Physical activities (Army - 98.5%, Air force and Navy - 100%) and Muscle stress (100%, 100% and 100%) were experienced by all the trainees belonging to three wings. All the Navy cadets experienced Pain, Doing PT after dinner and Physical exertion. All the Army cadets experienced Games, Hard drill. Majority of Army cadets experienced Pain (97.1%) and doing PT after dinner (95.6%). All the Air force cadets experienced Doing PT after dinner, hard drill and Physical exertion. Lowest stressful activities experienced by all the three wings are Camps and Fractures.

*Table No.3 showing the second category of stressors experienced by three wings of defence training academy*

Process and systems of Training	Army		Navy		Air force		Total
	N	%	N	%	N	%	
2. Time management problem	67	97.1	10	100	20	95.2	97
6. No relaxation after physical training	64	92.8	9	90	20	95.2	93
10. No holiday	53	76.8	9	90	20	95.3	82
15. Lack of proper sleep	50	72.5	9	90	21	100	80
19. No liberty	56	81.1	7	70	19	90.5	82
23. Cabin-Cupboard	64	92.7	10	100	20	95.2	94
25. Irritating routine	61	88.4	8	80	17	81	86
26. Getting up early morning	63	91.3	10	100	21	100	94
28. Punishments	62	89.9	8	80	18	85.7	88
30. No cell phones	58	84.1	10	100	17	80.9	85

### Stressors in Defence Academy

Process and systems of Training	Army		Navy		Air force		Total
	N	%	N	%	N	%	
<b>31. Lack of opportunity to learn new things</b>	49	71	6	60	15	71.4	<b>70</b>
<b>32. Sudden engagements</b>	66	95.6	9	90	21	100	<b>96</b>
<b>33. Unnecessary activities</b>	55	79.7	9	90	19	90.5	<b>83</b>
<b>Total</b>	<b>768</b>		<b>114</b>		<b>248</b>		<b>1130</b>
<b>Mean</b>	<b>59.1</b>		<b>8.8</b>		<b>19.1</b>		
<b>Median</b>	<b>61</b>		<b>9</b>		<b>20</b>		
<b>SD</b>	<b>6.02</b>		<b>1.23</b>		<b>1.84</b>		

All the three wings felt time management problem (Army – 97.1%, Navy – 100% and Air force – 95.2%), No relaxation after training (92.8%, 90% and 95.2%), Cabin cupboard (92.7%, 100% and 95.2%) AND getting up early morning (Army - 91.3%, 100% for both Navy and Air force) most stressful. Army cadets on comparison felt, No holiday (Army - 76.8%, Navy – 90% and Air force – 95.3%) and Lack of proper sleep (Army – 72.5%, Navy – 90% and Air force – 100%) less stressful to Air force and navy cadets.

*Table No.4 showing the third category of stressors experienced by three wings of defence training academy*

Social and psychological stressors	Army		Navy		Air force		Total
	N	%	N	%	N	%	
<b>4. Harsh words from instructors and seniors</b>	64	92.7	8	80	21	100	<b>93</b>
<b>7. Made to do funny things by seniors</b>	51	73.9	5	50	15	71.4	<b>71</b>
<b>11. No communication with parents</b>	54	78.3	6	60	16	76.2	<b>76</b>
<b>13. No personal time</b>	67	97.1	10	100	21	100	<b>98</b>
<b>16. Continuous check by seniors</b>	68	98.6	10	100	20	95.2	<b>98</b>
<b>20. Disturbance by others</b>	53	76.8	8	80	16	76.2	<b>77</b>
<b>21. No personal space</b>	59	85.5	9	90	21	100	<b>89</b>
<b>24. Less social contacts</b>	64	92.8	9	90	19	90.5	<b>92</b>
<b>27. Comparison with other civilian friends</b>	61	88.4	9	90	18	85.7	<b>88</b>
<b>34. Communication period reduced</b>	68	98.5	10	100	20	95.2	<b>98</b>
<b>Total</b>	<b>609</b>		<b>84</b>		<b>187</b>		<b>880</b>
<b>Mean</b>	<b>60.9</b>		<b>8.4</b>		<b>18.7</b>		
<b>Median</b>	<b>62.5</b>		<b>9</b>		<b>19.5</b>		
<b>SD</b>	<b>6.4</b>		<b>1.7</b>		<b>2.3</b>		

The above table shows that, all the Navy cadets felt No personal time, Continuous check by seniors and Communication period reduced as most stressful. And Air force cadets felt harsh words from instructors and seniors, No personal time and No personal space as most stressful. Majority of Army cadets felt, harsh words from instructors and seniors (92.7%), No personal time (97.1%), Continuous check by seniors (98.6%) Less social contacts (92.8%) and Communication period reduced (98.5%) as most stressful.

## Stressors in Defence Academy

Busko and Kulenovic (2000) have given the details of some of the measures on selected 13 items out of their 43 items self-report problem scale. They are listed in the table no.5.

**Table No. 5**

Item	Experienced by the present sample
1. Missing family and friends	Yes
2. Time passes too slowly	No
3. Feeling tired, no sleep	Yes
4. No sex in a while	No
5. Losing too much time in forming and waiting	No
6. Punishing all due to mistake of just one soldier	Yes
7. Lack of freedom of movement	Yes
8. Problems with maintenance of hygiene	No
9. Not enough time for hygiene and meals	Yes
10. Insufficient amount or poor food	No
11. Cannot help the family to overcome problems	Yes
12. Not enough free time	Yes
13. Poor toilet rooms	No

It is noted that out of 13 items reported the six items of problems, i.e., (2) Time passes too slowly (4) No sex in a while (5) Losing too much time in forming and waiting (8) Problems with maintenance of hygiene (10) Insufficient amount or poor food and (13) Poor toilet rooms, were not experienced by the trainees at the academy in the present study. Remaining other 7 items i.e., (1) Missing family and friends (3) Feeling tired, no sleep (6) Punishing all due to mistake of just one soldier (7) Lack of freedom of movement (9) Not enough time for hygiene and meals (11) Cannot help the family to overcome problems and (12) Not enough free time, were also endorsed by Indian defence trainees as stressors. The difference noted between both groups in rating stressors during military training may be attributed to socio-cultural differences between the two samples.

Busko and Kulenovic (2000) found in their study the six categories of stressors i.e.

1) Housing	Nil
2) Relationships with other recruits	(20) Disturbance by others
3) Military regime	(1) Physical activities (3) Muscle stress (5) Exhaustive cross-country and (8) Pain
4) Relationships with super ordinates	(4) Harsh words from instructors and seniors (7) Made to do funny things by seniors and (16) Continuous check by seniors
5) Disconnections of civilian life	(11) No communication with parents (24) Less social contacts (27) Comparison with other civilian friends and (34) Communication period reduced
6) Unclear situations during military service.	(32) Sudden engagements and (33) Unnecessary activities

We can note that except the first category i.e., Housing, other five categories are similar to the three categories found in the present study.

### **Reliability and Validity:**

Perceived Stress Scale by Cohen (1983) was administered to establish content validity. Pearson Correlation was calculated. Correlation coefficient was found at 0.705 significance at 0.01 level (2-tailed) and reliability was calculated using Chronbach and split half methods. Chronbach reliability was 0.957 and split half was found at 0.937.

## **CONCLUSION**

The inventory of stressors is found to be an exhaustive valid tool to tap the stressors encountered by the trainees at the defence academy.

## **IMPLICATIONS**

- 1) The stress measuring instruments used in other countries to study stress and stressors in military environment revealed the cultural elements that are uncommon to Indian trainees. Under these circumstances, the present scale of stressors that are developed on Indian defence trainees is more appropriate and valid tool. This can be adopted in future research studies in Indian defence trainees.
- 2) This scale of stressor can be utilized by the training instructors at the defence training academy to understand trainee's physical and psychological stress level. The knowledge will help the instructors to modify their training mode and schedule to make their training more effective.
- 3) The information obtained from these stressors will guide instructors and counsellors at the academy to guide trainees to adopt suitable stress management programs to handle the stress during the training period, as per the requirement of the individual.

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## Study on Stress among Female High School Teachers of Haryana

Kavita Dua<sup>1\*</sup>, Veena Sangwan<sup>2</sup>

### ABSTRACT

Stress is unavoidable part of life due to increasing workload and complexities in daily life. Now-a-days the world is said to be world of achievement is a world of stress. Stress is anywhere and everywhere, weather it is in family, friends, business, institute or society. Right from birth to death, each and every individual exposed to stress. Each profession causes a specific level of stress. Teaching is also one of the stressful professions like many other professions. In the educational process, the female teachers in teaching profession have increased. A female high school teacher is usually burdened with multiple roles and responsibilities. Female teachers are more vulnerable to stress as stress is caused by many factors including poor working conditions, scarcity of resources, heavy workloads and lack of administrative and family support system. As a result of these stressful aspects of teaching, stress can have negative effects on teacher's physical, emotional, behavioral and mental well being. The main objective of this paper is to work out stress among female high school teachers of Haryana. Researcher has made all attempts to critically examine the studies conducted in the field of stress.

**Keywords:** *Stress, Female School Teachers*

Stress is a natural phenomenon in competitive environments, a physiological response to any change, which can be either good or bad. Good stress, also called “eustress,” gives us energy and motivates us to strive while bad stress is called “distress” and has harmful effects. Some amount of eustress, according to researches, is essential for performance. Two Harvard researchers, Robert M. Yerkes and John D. Dodson, first identified the relationship between stress and performance in 1908 and are called the Yerkes- Dodson law. According to it, the efficiency increases when stress increases but only up to a point; after that, performance falls off dramatically. According to Paine, “high levels of stress are an integral and largely unavoidable component of work”. However, the problem arises when stress becomes excessive and produces

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negative effects (Endres and Wearden, 1996). So what is stress? The concept of stress was first introduced in the life sciences by Hans Selye in the year 1936. It was derived from the Latin word “stringere”; it meant the experience of physical hardship, starvation, torture and pain (Nayak, 2008). Selye, 1936 defined stress as “the non-specific response of the body to any demand placed upon it”. When a person feels insufficient in dealing with demands and challenges faced in life, s/he experiences stress. (Eres et al 2011). Being harmed by this situation or taking advantage of it mainly depends on the person because stress may either be a factor threatening the organism physically or psychologically or a power which gives energy in dealing with life (Baltas, 2002). Some experts argue that those who work in a moderate level of stress work with a higher performance (Steers, 1981). Besides, a moderate level of stress may have a motivating effect if the individual’s comprehension of roles is positive (Little, Simmons and Nelson, 2007).

According to Kyriacou (2001) defines, "Teacher stress as the experience by a Teacher of unpleasant emotion such as tension frustration, anger and depression resulting from aspects of his work as a Teacher.

Stress as we all know, has become an important feature of our day to day lives. For the last few decades, research around stress has produced a large number of conferences, books, and articles, however despite the popularity of “stress” as a research topic. Stress is now usually defined as a feeling of physical or emotional tension and a feeling of being unable to cope with anxiety and discomfort, particularly in response to change ( Vijayashree and Mund, 2011). Researches suggest that with rapid advancements and changes today, there is hardly any occupation left, the members of which do not suffer from effects of stress. Teaching profession has traditionally been regarded as low stress occupation (French, et.al., 1982) but during the past two decades the situation is somersaulted. Women are working at various levels, but good majority of them are in teaching line. Teaching has been identified as a particularly stressful occupation (Cacha, 1981; Farber and Millter, 1981; Landsman, 1978; Paine, 1981). A female high school teacher is usually burdened with multiple roles. She faces a wide, distracting and sometimes conflict array of role obligations. Teaching has become a more challenging profession worldwide. Surveys conducted worldwide revealed widespread concern about the effects of stress on teachers’ sense of well-being. However, in the recent years, researches have proved that teaching profession is one of the stressful profession (Ravichandran & Rajendran, 2007). Brog (1990) reported that up to one third of teachers perceive their occupation as highly stressful. Teacher stress can lead to alienation, apathy and absenteeism and eventually interfere with student achievement (Guglielmi and Tatrow, 1998).

## **REVIEW OF LITERATURE**

Teachers have varies responses to stress. Chronic stress symptoms may also occur if stress continues to be present in the day to day activities of teacher. Stress can have negative effects on teacher’s mental, physical, emotional and behavioral well being (Sutton, 1984). Well being of

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teachers at work has considerable impact on performance and productivity. However, in comparison to men, women are more susceptible to work related stress. Teacher under stress can exhibit behavior changes that can effect and disrupt the learning of students in their classroom. If teachers are under high levels of stress, there is potential for the entire school to be affected in a negative manner.

Teachers may also have an emotional response to unwanted stress. The most common feelings of emotion that occurs are anger, depression, anxiety, and self-blame (Blasé, 1986). Teachers may also show high signs of depersonalization, emotional exhaustion, lack of personal accomplishments, and a decrease in self-efficacy (Hastings & Brown, 2001).

Stress may also elicit a physical or physiological response from teachers. Some physical symptoms of stress include fatigue, tiredness, burn-out, headaches, stomach aches, chest pains, sleepiness (Blasé, 1982), trembling hands, shortness of breath, dizziness, restlessness, cold sweats, ill health, confused thoughts or difficulty in concentrating, loss of memory, loss of appetite and trouble falling asleep ( Bancharach, baver & Conley, 1986). Some physiological symptoms of stress include an increase in blood pressure, heart rate (Guglietmi & Tatrow, 1998), irregular heartbeat, and nervousness (Bacharach, Baver & Conley, 1986). Emotional symptoms of stress include anxiety, poor decision making, anger outburst, depression, change in eating habbits, nightmares and insomania.

Bhuvaneshwari (2013) conducted a case study on psychological and physical stress undergone by married working women working in different teaching institutions. Researches revealed that stress in married working women is caused due to long working hours, various family and official commitments, harassments nd improper work life balance. Such type of stress leads to various problems such as prolonged headaches, hypertension and obesity. The researcher cleverly concludes that stress can be relieved from institutional support, balancing work and life by spending some time with family, entertainments, yoga and rest.

Ved (1980) in his study “Effect of work on home life of women worker’s concluded that most of the women workers did not pay sufficient attention to their children and neglected their own health. The work load of home and job, along with illness and other mental worries fatigued them.

Stranger (1982) found that stress reaction is relevant to studies of frustration because of the energy mobilization process. When a person tries to obtain a certain goal, he mobilizes energy. If he is blocked from reaching the goal, more energy is summoned, thus the level of tension increases. The psychosomatic diseases such as stomach ulcers are examples of the consequences of excessive stress.

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Vebrugge (1987) suggested that 'women's multiple responsibilities and attendant role conflicts will have negative consequences for their health.

### **MATERIALS AND METHODS**

The study on stress management was conducted in two district headquarters of Haryana State, with sample of 300 married female CBSE affiliated high school teachers of Haryana State. Districts headquarters were selected purposively for the study as sufficient number of schools were available in district headquarters. For the selection of schools, a list of recognized private CBSE affiliated high schools was procured from district office of selected District Headquarters. Twenty High schools were selected proportionately from both the cities. A total sample of 300 married female high school teachers was selected proportionately. Keeping in mind the purpose of the study Interview Schedule along with questionnaire with a well planned work sheet was used for data collection. The present study was planned with the following specific objectives: to investigate time use pattern of female high school teachers; to work out stress and its effects on well being of the respondents; and to explore support system for stress management of the respondents.

### **RESULTS AND DISCUSSIONS**

1. Findings of the study revealed that majority of the respondents (80.00%) were spending 300-360 minutes/day for home related activities whereas 86.67 percent of the respondents were spending 360-420 minutes/day at work place( school). Time was felt as a constraint by them. Their workload was in terms of an increase in core teaching activities and home related activities. Majority of the respondents (86.67%) were having less time for personal care, leisure and sleep. Hence, they were having low/ medium satisfaction level.
2. Results revealed that respondents were having maximum physical stress level and less emotional stress level. Highest average mean score was (3.16) was attributed to 'physical stress' followed by 'Behavioral stress (2.94)', 'Mental (2.80)' and 'Emotional stress (2.72)' by the respondents.
3. It was observed that highest average mean score of 3.27 was attributed to organizational support system followed by emotional support system with 3<sup>rd</sup> rank.
4. Results elaborate the association of stress with well being of respondents. Physical, behavioral, mental and emotional well being was correlated significantly with stress.
5. It was found that relaxation, organization, entertainment, delegation, sleep, institutionalism and exercise were taken as stress management mechanisms by the respondents.
6. The study also found that the stress management mechanisms were negatively correlated with the stress.

## CONCLUSION

Teaching has become a more challenging profession worldwide. It is a profession where everyday radical changes occur in the educational system. Female high school teachers experience higher levels of stress due to challenges in both the “greedy” institutions demanding time and energy. This paper was an attempt to work out stress among female high school teachers of Haryana. The studies conducted by the researcher have revealed that the teaching profession is no more the profession of a little stress. This study therefore seeks to identify stress management mechanisms used by female high school teachers. The study findings indicated that more the use of stress management mechanisms, lesser was the stress. All the stress management mechanisms were negatively correlated with the stress.

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## Emotional Intelligence of College Level Students In Relation to Their Gender

Sanjay K. Patel<sup>1\*</sup>

### ABSTRACT

The present investigation in to find out the Emotional Intelligence of college level Students in Relation to their gender boys and girls. The sample consisted of 120 college level students out of which 60 where boys and 60 where girls. For this purpose of investigation “Emotional Intelligence Inventory” by S.K. Mangal and Shubhra Mangal was used. The obtained data were analyzed through ‘t’ test to know the mean difference between college level students in relation to their gender. The result shows that there is significant difference in Emotional Intelligence of boys and girls. It means girls are high emotional intelligence than boys. One more significant difference between arts college students and commerce college students it means arts college students emotional intelligence high than commerce college students.

**Keywords:** *Emotional Intelligence, Boys, Girls*

Emotional intelligence focuses on the softer skills of building and maintains human relationships. This aspect of life assumes a lot of importance since a person is not detached from the human element, be it work place, the home front or the social circle, human interactions are inevitable and our success depends to a large extent on what we make of these interactions and relationships.

Bar-On’s model of emotional intelligence relates to the potential for performance and success, rather than performance or success itself, and is considered process-oriented rather than outcome-oriented. It focuses on an array of emotional and social abilities , including the ability to be aware of , understand and express oneself, the ability to be aware of understand, the ability to deal with strong emotions, and ability to adapt to change and solving problems of a social or personal nature.

The term emotional intelligence was launched when people started to realize that a high Intelligence Quotient (IQ) is no guarantee against failure in everyday life. Whereas others with

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an average IQ succeed. At best IQ contributes about 20% to the factors that determine life success, which leaves 80% to other forces. So if we want to succeed in life, we need to introduce our emotions very well.

Researchers investigated dimensions of emotional intelligence (EI) by measuring related concepts, such as social skills, interpersonal competence, psychological maturity and emotional awareness, long before the term 'Emotional Intelligence' came into use. The most distant roots of emotional intelligence can be traced to Charles Darwin's (1872) early work on the importance of emotional expression for survival and second adaptation. In the 1900s, even though traditional definitions of intelligence emphasized cognitive aspects such as memory and problem solving, several influential researchers in the intelligence field of study has begun to recognize the importance of no cognitive aspects. For instance, as early as 1920, E.L. Thorndike used the term social intelligence. Psychologist have been uncovering other intelligences for some time now, and grouping them mainly into three clusters: abstract intelligence (the ability to understand and manipulate with verbal and mathematics symbols), concrete 6 intelligence (the ability to understand and manipulate with objectives), and social intelligence (the ability to understand and relate to people). Thorndike (1920) defined social intelligence as "the ability to understand and manage men and women, boys and girls-to act wisely in human relations".

**Bar-On (2005)** explored the concept and calls it Emotional-Social intelligence. It is "a cross section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand other and relate with them, and cope with daily demands."(p.4)

**Goleman (1998)** defines Emotional Intelligence as the "the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and in our relationships" (p.375).

**Singh, S.K (2003)** proposed three dimensions of Emotional Intelligence. He defines EI as "the ability of an individual to appropriately and successfully respond to a vast variety of emotional stimuli being elicited from the inner self and immediate environment. Emotional intelligence constitutes three psychological dimensions – emotional 22 competency, emotional maturity and emotional sensitivity – which motivate an individual to recognize truthfully, interpret honestly and handle tactfully the dynamics of human behaviour" (pp.38-39)

**Srivastava and Bharamanaikar** in 2004 examined leadership effectiveness with a unique population of 291 Indian army officers. EI was measured using a self-report measure, the Work Profile Questionnaire Emotional Intelligence version (WPQei) and Leadership style was measured by the 5x-short version of the Multifactor Leadership Questionnaire (MLQ). Perceived success of the leaders was measured by a questionnaire developed by Pareek and Rao and job



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satisfaction was measured by the Job Satisfaction Survey developed by Spector. MLQ was completed by subordinates allowing subordinates to determine the extent that transformational and transactional leadership style was displayed in the leaders. The results significantly supported the connection between leader's EI and all of the components of the transformational leadership style. Higher EI scores were also found for the contingent reward component of transactional style. EI was not related to job satisfaction, but was related to perceived success. EI was not related to job satisfaction, but was related to perceived success. There was a strong relationship between transformational leadership behaviors and the leader's self-reports of being innovative, intuitive, self-aware, motivated, socially adept, empathic, and managing emotions. The army officers who rated themselves high on EI also perceived themselves to be more successful in their careers.

**Koman and Wolff in 2008** conducted a study in military organizations. The objective of this study was to assess the relationship between individual emotional intelligence competencies, team level emotional intelligence, and team effectiveness. 70 team leaders and 73 managers (team leaders' supervisors) rated team leaders' emotional intelligence. A total of 349 aircrew and maintenance team members participated representing 81 aircrew and maintenance teams. To assess team leader emotional intelligence, the emotional competence inventory (ECI-2) was administered. Each team leader had 2-14 raters rate their behaviors, with an average of 4.34 ratings completed for every team leader, excluding the self-rating. Team level emotional intelligence was assessed using the Group Emotional Intelligence measure developed by Druskat and Wolff and later refined based on work by Hamme. Team member participants self rated their team's behavior according to each of the nine ECG norms measured by the instrument. The objective performance rating was calculated from the percentage of goals attained by each team on measures used in respective military organization. Subjective performance measures were gathered from upper level officers who had observed multiple teams within the command over time. This study showed that a team leader's emotional intelligence affects team level emotional competence and team performance through the development of ECGNs. Team leader EI levels were significantly related to performance

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## Emotional Intelligence of College Level Students In Relation To Their Gender

team's behavior according to each of the nine ECG norms measured by the instrument. The objective performance rating was calculated from the percentage of goals attained by each team on measures used in respective military organization. Subjective performance measures were gathered from upper level officers who had observed multiple teams within the command over time. This study showed that a team leader's emotional intelligence affects team level emotional competence and team performance through the development of ECGNs. Team leader EI levels were significantly related to performance

Singh Chaudhary and Asthana (2008) on impact of gender on emotional intelligence of adolescents, among a sample of 400 adolescents (200 male and 200 female) from various schools and colleges. The results revealed that male and female adolescents exhibit some emotional intelligence, concluding that both male and female adolescents are caring, giving, supportive and enriching.

Lopes, Salovey and Straus (2003) had explored links between emotional intelligence and interpersonal relationships; in a sample of 103 college student and found that individuals scoring highly on the managing emotions subscale of the Mayer, Salovey and Caruso emotional Intelligence test (MSCEIT), were more likely to report positive relations with others, as well as perceived parental support and less likely to report negative interactions with close friends.

**Boyatzis et al. (2013)** concluded in a recent publication in 2013 that emotional and social intelligence competencies have been shown to predict effectiveness in leadership, management and professional jobs in many countries of the world. To be an effective leader, manager or professional, a person needs to understand and skillfully manage his emotions appropriately based on each person or situation and understand the emotional cues of others in order to effectively interact with others.

### ***Objective of the study***

The main objectives of the study were as under:

1. The purpose of the present study is the difference related to the Emotional Intelligence of college level students in relation to their gender.

### ***Hypothesis***

1. There is no significant difference between Emotional Intelligence of college level students in relation to their gender.
2. There is no significant difference between Emotional Intelligence of arts college students and commerce college students.

## METHODOLOGY

### Sample

The present study was carried out on college level students of Ahmedabad city of the study are 120 college students out of which 60 were boys and 60 were girl's college students.

### Tools

In the present investigation measure the Emotional Intelligence “**Emotional Intelligence Inventory**” S.K. Mangal and Shubhra Mangal was used. The Emotional inventory consists 100 items with yes or no response pattern. The reliability factor is Split Half 0.89 and test-retest 0.92 & validity for the inventory has been established by adopting two different approaches, namely factorial and criterion related approach.

### Procedure

The boys and Girls, who were studying in college of different stream in Ahmedabad District, were randomly selected “**Emotional Intelligence Inventory**” S.K. Mangal and Shubhra Mangal was give & data was collected. The obtain data form 120 boys and girls were analyzed with the help of mean, SD and ‘t’ test.

## RESULTS & DISCUSSION

The main objective of present study was to do study of Emotional Intelligence of The College students among boys and girls. In it statistical’ method was used and their correlation was measured. Results discussions of present study are as under:

**Table No: 1: Showing the Mean, SD and ‘t’ value of Emotional Intelligence of college students among boys and girls.**

Variable	No.	Mean	SD	Mean diff	SED	‘t’	Sig
Boys	60	55.32	11.11	4.73	2.16	2.182	0.05
Girls	60	60.05	12.60				

Significant at 0.05 levels.

The above result table No.1 we can see that ‘t’ test was used to know the level of Emotional Intelligence of college level students among boys and girls. Where boys mean was 55.32 & SD was 11.11 and girls mean was 60.05 & SD was 12.60 and difference between their ‘t’ values was 2.182 it was no significance at 0.05 level. The result shows that there is significant mean difference emotional intelligence of college level student in boys and girls. Thus the null hypothesis, 1 which states “there is no significant difference in the Emotional intelligence level of college level students with respects to their Emotional Intelligence” significant difference between boys and girls. it means girls are high emotional intelligence than boys. Because girls are understanding the emotions of self and Self aware and have a high degree of self confidence

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and knowledge of their abilities. There are provides better education, good facilities and so many things.

**Table No. 2: Showing the Mean, SD and 't' value of Emotional Intelligence of college level students among arts and commerce college students.**

Variable	No.	Mean	SD	Mean diff	SED	't'	Sig
Arts	60	59.93	13.80	4.31	2.15	1.999	0.05
Commerce	60	55.62	9.45				

Significant at 0.05 levels.

The above result table No. 2 we can see that 't' test was used to know the level of Emotional intelligence college level students among arts college students and commerce college students. Where arts college students mean was 59.93 & SD was 13.80 and commerce college students mean was 55.62 & SD was 9.45 and difference between their 't' values was 1.999 it was significance at 0.05 level. The result shows that there is significant mean difference emotional intelligence of college level Student in arts college students and commerce college students. Thus the null hypothesis, 2 which states " There is significant difference in the emotional intelligence level of college students with respects to their emotional intelligence " Here null hypothesis was rejected and result shows that the emotional intelligence is high level of arts college students than commerce college students because arts college students are better education and expectations of society and people around, In this study, emotional parents, are different in terms of children's sexuality. Intelligence had overlapping with self-respect and hidden culturally, meaningfully higher feelings, whereas abstaining from feelings expression in overall emotional intelligence, emotion understanding good than commerce college students.

## CONCLUSION

*We can conclude by data analysis as follows:*

1. There is significant mean difference in emotional Intelligence of college level students in relation to their gender. it means girls are higher emotional intelligence than the boys.
2. There is significant mean difference in emotional intelligence of college level students in relation to their arts and commerce college students it means arts college students are higher emotional intelligence than the commerce college students.

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## Personality of ‘Only Children’ and ‘Children with a Sibling’

Jaya Eknath Badi<sup>1\*</sup>

### ABSTRACT

Nowadays in India, a social and family structure is changing rapidly. Society is shifting from its traditional joint family structure to nuclear families. In last few years, it is observed that couples prefer to keep their family smaller and many of them even prefer to have only one child. The current study tries to explore the effect of being single or having a sibling on the personality of children. Following the OCEAN model of personality, NEO-FFI was administered on 200 college students. 50 girls and 50 boys without a sibling and 50 girls and 50 boys with one sibling were selected from senior colleges in Pune city. By using ‘t’ test the mean differences were statistically computed. Results showed that there are no significant differences between only children and children with a sibling on all five factors of personality (Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism).

**Keywords:** ‘Only children’, ‘Children with a Sibling’, Personality

Family size is shrinking all over the world, particularly in the developmental countries. In India, the size of the family has become shrunk in last two decades. Indian Human Development survey found that percentage of only-child families has increased (Basu & Desai, 2012). India has tradition of joint family. In due course of time, it changed into a nuclear family pattern and now it has turned into a micro family pattern. As per family size our slogans about family are changing. Previously slogan was ‘Do ya teen Bas’ ‘दो या तीन बस’. This slogan turned into ‘Hum Do, Hamare Do’ ‘हम दो, हमारे दो’ now it’s ‘Hum do, hamara Ek’ ‘हम दो, हमारा एक’. This change has many reasons behind it. One-Child family culture is mainly seen in urban, upper class and upper caste nuclear families, as well as in educated and working women’s families. (Basu & Desai, 2012). Women are spreading their wings; they are not only looking after household duties but are also sharing financial responsibilities of the family. So, the couple prefers only child irrespective of the gender of the child.

While growing ‘only children’ and ‘children with a sibling’ all go through the same developmental stages, but the environment in the family is different. The only child in the

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nuclear family grows up with two adults. Parents and siblings are main factors in personality development of children. Therefore, ‘only children’ never ever face situations like playing together with siblings, helping each other, giving emotional support, or fighting with siblings. Sibling is the first intimate friend, protector, guide, competitor, as well as an enemy. In personality, formative years, ‘only children’ are deprived of many pleasant and unpleasant experiences of being with siblings. Thus, it is commonly believed that ‘only children’ are spoiled, selfish, and lonely, socially estranged, less cooperative, less affiliated and more maladjusted than the child having a sibling (Jiao, Ji, & Jing, 1986).

Personality is one of the core aspects in the field of psychology. Allport (1961) defined personality as ‘The dynamic organization within the individual of those psychophysical systems that determine his characteristic behaviour and thoughts’. There are various models of personality given by legendary personality psychologists like Freud, Adler, Allport, and Cattell. The latest famous model of personality was given by Costa and McCrae. This model is based on the lexical approach where five core dimensions of personality were derived by rigorous factor analysis.

These big five personality factors are - neuroticism, extraversion, agreeableness, conscientiousness, and openness to new experience. Neuroticism is a tendency to experience unpleasant emotions frequently. Individuals who are low on this factor are calm, even-tempered and imperturbable. Some personality researchers prefer to use the term emotional stability, which is the mirror image of neuroticism. Extraversion is a tendency to seek stimulation and to enjoy the company of other people. The opposite of extraversion is introversion. Extraversion is related to warmth, gregariousness, assertiveness, impulsiveness, and a need for excitement. People high on extraversion are outgoing, sociable and assertive. Agreeableness is a tendency to be compassionate toward others. It implies concern for the welfare of other people and is closely related to Adler’s concept of social interest. People high in agreeableness are generally kind, trusting, warm, altruistic, and modest. Conscientiousness is a tendency to show self-discipline, to be dutiful, and to strive for achievement and competence. People high in conscientiousness usually work hard and complete the tasks they say they will perform. Highly conscientious people tend to be organized, thorough, tidy and competent. Openness to experience is a tendency to enjoy new intellectual experience and new ideas. People high in this factor are imaginative, intelligent and creative. They enjoy modern art, unusual music, thought-provoking films, plays, and so forth. They enjoy meeting different kind of people and exploring new ideas and opinions.

Jiao et al. (1986) found that ‘only children’ are more egocentric than children with siblings, whereas Falbo and Polit (1986) in their quantitative review indicate that ‘only children’ have more desirable personalities compared to children with siblings. Polit and Falbo (1987) mentioned that ‘only children’ are similar to children with siblings. Heidi (1999) examined the personality dimensions like Extraversion-Introversion, Neuroticism-Stability, and Psychoticism

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of children with and without siblings. These results show that there is only a marginal difference between individuals with and without siblings in Neuroticism. Chan-OB, Boonyanaruthee, Pinyopornpanic, Intaprasert, and Kuntawongse (2002) concluded that ‘only children’ are more ambitious, have broader interests, are more versatile, and self-confident, have clarity in thinking, intelligent and independent than first and middle-born children. Chenying, Tsunetsugu, and Francis (2005) examined the mental health of the Chain’s urban and rural only-and non-only children. The results showed that ‘only children’ in urban areas had poor mental health. Only children in urban areas were higher in neuroticism, social depression tendencies, interpersonal dependency and factor anxiety. It means that the ‘only children’ were significantly more neurotic. Goel (2012) found that children with siblings were more confident than children having no sibling. There is a difference in personality of only children’ and children with siblings. (Philip, 2015).

Various studies mentioned above show inconsistency in the results. They don’t clearly indicate the effect of having a sibling or not having a sibling (being an only child) on the personality of the individual. Some studies show that being an only child supported personality development of a child while few studies indicate vice versa. Although this issue has related to child rearing practices all over the world enough attention has not been given to it in psychological research. The misconceptions and bias towards this issue is much more prevalent in our society than tested scientific information. Since this issue has a potential for substantial impact on the society as well as family structure within the country and also across the world this aspect needs to be studied in a proper scientific way.

The available literature is mostly from abroad (other than India). As the Indian society is culturally different from western society, there are major limitations in generalizing results of foreign researchers to Indian society. On the background of the population explosion in India, changes have occurred in the society where especially educated people are swiftly moving towards only child families; hence this issue has become important for the upcoming social changes in the country. It is essential that scientific, empirical attention be given to this issue. There is a dire need for further researches in the Indian context. To understand the effect of being raised with a sibling and without a sibling on an individuals’ personality, the present study was conducted.

### ***Objective***

1. To study and compare the personality of ‘only children’ and ‘children with a sibling’.

### ***Hypothesis***

1. There will be no significant difference in personality of ‘only children’ and ‘children with a sibling’.



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2. There will be no significant difference in personality of 'only boys' and 'boys with a sibling'.
3. There will be no significant difference in personality of 'only girls' and 'girls with a sibling'.

### METHODOLOGY

#### *Research design*

The nature of the research is Ex post facto.

#### *Sample*

In the current study, the sample of total 200 students was taken. All of them were studying in various senior colleges in Pune city, Maharashtra state. The sample was selected by purposive sampling method. Age of the students ranged between 18 to 20 years. Total 100 males and 100 female participants were included. Out of them 50 boys and 50 girls had no sibling i.e. they were 'only children' and remaining sample of 100 (50 boys and 50 girls) had one sibling.

#### *Tool*

The NEO-Five Factor Inventory (NEO-FFI), developed by Costa & McCrae (1992) was used for assessing the personality factors of both the groups. The NEO-FFI is a shortened version of NEO-PI-R inventory, it consists of 60 items. 12 items are assigned for each factor. It takes 10-15 minutes to administer. This test was revised in 2004. Total Five factors of personality are assessed - Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Neuroticism is associated with emotional stability and the general tendency to experience negative effects such as fear, sadness, embarrassment, anger, guilt. Individual who scores high on neuroticism is prone to have irrational ideas and unable to control their impulses. Extraversion is related to being assertive, active, and talkative. It includes positive emotions like excitement and optimism. High scores on Extraversion indicate that person is talkative, and social in nature.

Openness is related to aspects of intelligence, such as divergent thinking, that contribute to creativity. High scores on openness indicate that person is in active imagination, aesthetic, sensitive and intellectually curious. Person is curious about inner and outer world. Agreeableness indicates interpersonal tendencies, being sympathetic to others and eager to help them. High scores on Agreeableness indicate that individual has an active concern for others' welfare. Conscientiousness is associated with morality, punctuality, and reliability of an individual. Individuals high on Conscientiousness tend to be highly punctual, moral and reliable in behavior. The NEO-FFI can be administered individually or in groups. This is very reliable and valid tool known for its excellent psychometric properties. Numerous studies have been conducted throughout the world using this tool. The robustness of the FFM has been proven across different cultures including India.

## Personality of 'Only Children' and 'Children with a Sibling'

### Procedure

In the beginning permission for data collection was procured from the principals and in charge class teachers. Then the test was administered to selected participants. A good testing environment was ensured during administration. Consent for participation in research was also procured from participating students. The researcher administered the NEO-Five Factor Inventory in the group consisting of five to ten students each in the classroom setting.

### Statistical Analysis

Collected data was analyzed using SPSS (version 17). Mean, SD, *t*-values were computed. Scores are given as below.

## RESULTS AND DISCUSSION

*Table 1. Mean, SD, t- value of personality factors of 'only children' (N=100) and 'children with a sibling' (N=100).*

Personality factors	Only children	Children with a sibling	't'
	Mean (SD)	Mean (SD)	
Neuroticism	23.24(8.88)	22.96(7.40)	.24
Extraversion	30.75(5.15)	30.93(4.89)	.25
Openness	27.11(5.04)	26.85(4.67)	.37
Agreeableness	28.25(6.14)	28.11(5.91)	.16
Conscientiousness	32.77(5.33)	33.42(6.57)	.76

In Table no. 1, the mean scores on personality factors of 'only children' and 'children with a sibling' are given. The results show that on neuroticism, openness and agreeableness only children scored slightly higher. On extraversion and conscientiousness, scores of children with a sibling are higher. But, the *t*-values indicating differences in personality factors of only children and children with a sibling are not statistically significant as shown in Table 1. All the differences were found to be statistically insignificant even at .05 level. Thus, the first null hypothesis i.e. there won't be significant differences in personality factors of 'only boys' and 'boys with a sibling' are supported by the data.

*Table 2. Mean, SD, t-values of personality factors of only boys (N=50) and boys with a sibling (N=50).*

Personality factors	Only boys	Boys with a sibling	't'
	Mean (SD)	Mean (SD)	
Neuroticism	21.84 (9.20)	22.28 (6.92)	.27
Extraversion	31.18 (5.09)	31.60 (4.87)	.42
Openness	25.64 (4.38)	26.92 (4.91)	1.37
Agreeableness	27.10 (5.80)	27.30 (6.28)	.16
Conscientiousness	32.42 (5.57)	33.66 (6.46)	1.02

### Personality of ‘Only Children’ and ‘Children with a Sibling’

In Table no. 2, the mean scores on personality factors of only boys and boys with a sibling are given. In all factors, boys with a sibling show slightly higher mean scores than only boys, but the results are not statistically significant. This analysis shows that there is no significant difference between the same gender i.e. only boys and boys with a sibling in terms of personality factors. Thus, the second null hypothesis regarding the differences in five personality factors of only boys and boys with a sibling is supported by the data.

**Table 3. Mean, SD, t-values of personality factors of only girls (N=50) and girls with a sibling (N=50).**

Personality factors	Only girls	Girls with a sibling	‘t’
	Mean (SD)	Mean (SD)	
Neuroticism	26.64 (8.42)	23.64 (7.85)	.61
Extraversion	30.32 (5.23)	30.26 (4.87)	.05
Openness	28.58 (5.28)	26.78 (4.46)	1.84
Agreeableness	29.40 (6.32)	28.92 (5.46)	.40
Conscientiousness	33.12 (5.12)	33.18 (6.73)	.05

Table no 3, shows ‘t’ values on personality factors were Neuroticism .61, Extraversion .05, Openness 1.84, Agreeableness .40, Conscientiousness .05 which are not significant even at .05 level. The ‘t’ value obtained on Openness is 1.84 which isn’t statistically significant at 0.05 level but is very close to statistically significant level ( $p=0.06$ ). Hence, there seems to be some noticeable difference on personality factor of openness between only girl and girls with a sibling. The mean score of only girls is 28.57 as compared to 26.78 of their counterpart i.e. girls with a sibling, who shows that only girls are better in active imagination and aesthetics, are more sensitive and are more intellectually curious. But no statistically significant difference was found in any of these five factors, so it can be concluded that there is no significant in the personality of only girls and girls with a sibling. Hence, even the third hypothesis is supported by the analysis.

The present study revealed that ‘only children’ are more or less similar to ‘children with a sibling’ regarding their personality. Current results are in congruence with earlier results obtained by Polit and Falbo (1987), Poston and Falbo (1990), Chuanwen et al. (1994) along with Ha and Tam (2011) who found that ‘only children’ are fairly similar on personality characteristics to children with siblings.

### CONCLUSION

Results of the present study show that there is no significant difference ‘only children’ and ‘children with a sibling’ in various personality factors stated by five-factor model. Results also show that there is no significant difference in personality (considering intra-gender comparison) between only boys and boys with a sibling only girls and girls with a sibling.

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## The Relational Study of Managing Relationship and Anxiety of B.H.M.S. Medical College Students

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### ABSTRACT

**Background:** The present study is an attempt “The relational Study of Managing Relationship and Anxiety of B.H.M.S. Medical College Students.” **Methodology:** The sample consists total 120 B.H.M.S. Medical College Students. 60 Male and 60 Female, age 18-22 drawn randomly from colleges of Aurangabad District (M.S.). Sinha’s Comprehensive Anxiety Test (S.C.A.T.) and Hyde, Pethe & Dhar’s Emotional Intelligence Scale (E.I.S.) were administered. The data were treated by Descriptive research statistical methods (i.e. Mean & SD) and Pearson’s Product moment Correlation was used. **Conclusion:** Researcher was observed that: 1) There is significant and negative Correlation in Anxiety and Managing Relationship of B.H.M.S. Medical College students. This result is consistent with general expectation. 2) There is Positive Correlation in the Managing Relationship and Anxiety of Male B.H.M.S. Medical College students. But it is not significant. 3) There is significant and negative Correlation in Anxiety and Managing Relationship of Female B.H.M.S. Medical college students.

**Keywords:** ‘Anxiety, Managing Relationship, B.H.M.S. Medical College Students

The medical field is one of the respected professional fields in India and Abroad. The word medicine comes from Latin word ‘medicina’, which meaning is ‘the art of healing’. B.H.M.S. is the usable medicine system today after the most familiar medicine of Allopathy, Unani and Ayurvedic in various diseases. Full form of BHMS is Bachelor of Homoeopathy Medicine and Surgery.

### What is Correlation?

Correlation studies start from 1859 Theory of Charles Darwin. Karl Pearson’s (1896) work is important in Statistics. Correlation is the degree of association between two variables and it is

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represented in terms of a coefficient known as correlation coefficient. The range of the correlation coefficient is in -1 to 0 to +1. If the correlation coefficient is negative, then the variables are inversely proportional and it is the maximum when it is -1. If the coefficient is 0, there is no association between the variables. If the coefficient is positive, then the variables are associated directly and it is the maximum when it is +1.

### ***What is Anxiety?***

Etymologically, the word Anxiety comes from the Latin ‘ango’, which means “I cause physical pain” or “I torment, trouble, vex, or distress”. ‘Anxiety is physiological state characterized by cognitive somatic, emotional and behavioural components’ (Seligman Walker and Risenhan, 2001). Generally we know that Anxiety is an Emotional reaction of Stress. The concept of Anxiety: A simple Psychologically Orienting Deliberation on the dogmatic Issue of Hereditary Sin, is a philosophical work written by Denmark’s Soren Kierkegaard (1813-1855) in Danish language in 1844. According by Kierkegaard, Adam’s choice to eat from God’s forbidden tree of knowledge or not, that was the first anxiety experienced by man. Kierkegaard also mentioned that Anxiety is the presupposition for hereditary sin.

### ***What is Managing Relationship?***

Etymologically, the English verb ‘manage’ comes from the Italian ‘maneggiare’ (to handle, especially tools or a horse), which derives from the two Latin words ‘manus’ (hand) and ‘agere’ (to act). According to Henri Fayol (1841 – 1925), ‘to manage is to forecast and to plan, to organise, to command, to co-ordinate and to control.’ Effective Managing relationship is important for our success at work. Successful management of relationship is the key factor for making strong Emotional Intelligence in person. Many more time our relationship management style is decide our social image. It is useful for our Mental and social health and well being. It is provide future life security to us. Informal relationship, formal relationship, Senior- Junior relationship, Child-Parent relationship, Teacher-Student’s teaching-learning relationship, Doctor-Patient relationship, Friendly relationship with our friend, Relational relationship with relatives or with others, Husband wife relationship, Lovers relationship, Heart relationship, Nearer relationship, Longer relationship, Mental relationship, Physical relationship, etc. are some different types of relationships. The competencies associated with relationship management include: influence, leadership, communication, conflict management, teamwork, and collaboration.

The present research was depending on Anxiety and Managing Relationship of B.H.M.S. Medical College Students. This is the useful and important research in co relational research field. In present research the Managing Relationship factor selected from Hyde, Pethe & Dhar’s Emotional Intelligence Scale (E.I.S., 2002) by present researchers.

## REVIEW OF LITERATURE

*Boon-How Chew, Azhar Md. Zain & Faezah Hassan (2014)* negative relationships might exist between emotional social intelligence and academic success in undergraduate medical students.

*Dr. Jayshree P. Sontakke (2016)* was found that Achievement motivation and emotional intelligence of undergraduate students were positively and very strongly related to each other. Achievement and Managing relationship showed strong and positive relationships (0.82).

*Mr. Pitchaiah (2009)* was found that Heart rate changes before and after the unsupported upper limb exercise test (UULEX) was measured by counting radial artery pulse. The purpose of the study was to find the correlation between Pre-anxiety level and Heart rate changes during upper limb Exercise Testing in Pulmonary patients. 80 subjects were participated in the study after adopting Purposive sampling technique. Pre- anxiety changes were measured using State -Trait Anxiety Inventory for adults. Pearson product moment correlation 'r' value was found between the Variables. P value was taken as  $< 0.05$  for statistical significance.

*Nandeesh Y.D, Deepa Kulkarni and Shanmukh V. Kamble (2016)* focused on the significant relationship existing between Anxiety and Spirituality ( $r=.28$ ;  $P < .01$ ).

*Shirish K. Shitole (1974)* The Correlation between Emotional intelligence and strategic learning is found to be significant and positive in case of both male and female civil services career aspirants.

## METHODOLOGY

### Objectives

Following objectives has been investigated in the present investigation.

1. To identify the Correlation in the Anxiety and Managing Relationship of B.H.M.S. Medical College students.
2. To identify the Correlation in the Anxiety and Managing Relationship of Male B.H.M.S. Medical College students.
3. To identify the Correlation in the Anxiety and Managing Relationship of Female B.H.M.S. Medical College students.

### Problem

Find out the Correlation of Anxiety and Managing Relationship of B.H.M.S. Medical College students.

### Hypotheses

1. There will be Negative Correlation in the Managing Relationship and Anxiety of B.H.M.S. Medical College students.
2. There will be Positive Correlation in the Managing Relationship and Anxiety of Male B.H.M.S. Medical College students.



## The Relational Study of Managing Relationship and Anxiety of B.H.M.S. Medical College Students

3. There will be Negative Correlation in the Managing Relationship and Anxiety of Female B.H.M.S. Medical College students.

### *Variables*

**\*Independent Variable:** i) All B.H.M.S. Medical College students, ii) Male B.H.M.S. Medical College students; iii) Female B.H.M.S. Medical College students.

**\*Dependent variable:** i) Anxiety, ii) Managing Relationship.

### *Operational Definitions of included concept in study*

#### **Anxiety**

“Anxiety is an unpleasant emotional reaction of Stress to an expected danger.”(Sayyed S.G. & Ghoti R.M., 2016).

#### **Managing Relationship**

“Managing relations means skilful administration of relations.”

### *Sample Selection Techniques*

The total sample consist 120 B.H.M.S. Medical College Students. 60 Male and 60 Female, drawn randomly from colleges of Aurangabad District (M.S.). Students selected by Simple Random and Stratified Random Sampling Method from B.H.M.S. colleges of Aurangabad District (M.S.). Respondent's age group was taken between ages 18-22 years old.

### *Sample Distribution:*

	B.H.M.S. Medical College Students
Male	60
Female	60
Total	120

### *Statistical Method*

Descriptive statistics i.e. Mean (for Measure of central tendency) and SD (for Measure of dispersion) and Pearson's Product Moment Correlation, etc. were used.

### *Research Design*

Descriptive Survey and Correlation Method's was used as a Research Design. Correlation Research Design as:

Group	Factor	Group	Factor	Group	Factor
G-1	F-1	G-2	F-1	G-3	F-1
	F-2		F-2		F-2

G-1 = All B.H.M.S. Students Group,

G-2 = Male Group,

G-3 = Female Group,

F-1 = Anxiety Factor,

F-2 = Managing Relationship Factor.

## The Relational Study of Managing Relationship and Anxiety of B.H.M.S. Medical College Students

### Tools

1. Sinha's Comprehensive Anxiety Test (S.C.A.T.) By A.K.P. Sinha & L.N.K. Sinha.
2. Emotional Intelligence Scale (E.I.S.) By Hyde, Pethe & Dhar, Manuals, Pen, Paper, Pencils, etc.

## RESULTS AND DISCUSSION

In this study an attempt was made to test the hypotheses. These were related on Anxiety and Managing Relationship of B.H.M.S. Medical college students and Male-Female Medical college students. For computing all data Descriptive statistics (i.e. Mean and SD) and Product Moment Correlation etc. were used. Result tables as follows:

Table 4.1: Mean score of Managing Relationship		Table 4.2: Mean score of Anxiety	
	Mean		Mean
All B.H.M.S. Students	15.2	All B.H.M.S. Students	36.433
B.H.M.S. Male Students	13.933	B.H.M.S. Male Students	40.2
B.H.M.S. Female Students	16.467	B.H.M.S. Female Students	32.667

*Table 4.3 Correlation in Managing Relationship and Anxiety of B.H.M.S. Medical college students*

Variables	N	Df	Correlation	Significance Level
Anxiety	120	118	-0.2813	Significant at 0.05 and 0.01 level
Managing Relationship				

*Table 4.4 Correlation in Managing Relationship and Anxiety of Male B.H.M.S. Medical college students*

Variables	N	Df	Correlation	Significance Level
Anxiety	60	58	+0.0072	No Significant
Managing Relationship				

*Table 4.5 Correlation in Managing Relationship and Anxiety of Female B.H.M.S. Medical college students.*

Variables	N	Df	Correlation	Significance Level
Anxiety	60	58	-0.3417	Significant at 0.05 and 0.01 level
Managing Relationship				

## DISCUSSION AND INTERPRETATION

1. There will be Negative Correlation in the Managing Relationship and Anxiety of B.H.M.S. Medical College students.

As per Table 4.1 and Table 4.2 the mean values of Managing Relationship and Anxiety of B.H.M.S. Medical college students are 15.2 and 36.433 respectively. Table 4.3 reveals Correlation value as -0.2813 ( $p < 0.05$  and 0.01 levels) which indicates significant

## **The Relational Study of Managing Relationship and Anxiety of B.H.M.S. Medical College Students**

negative Correlation in Managing Relationship and Anxiety. Hence hypothesis one is accepted and null Hypothesis rejected. This result consistent with general expectation.

2. There will be Positive Correlation in the Managing Relationship and Anxiety of Male B.H.M.S. Medical College students.

As per Table 4.1 and Table 4.2 the mean values of Managing Relationship and Anxiety of Male B.H.M.S. Medical college students are 13.933 and 40.2 respectively. The mean value of Anxiety of Male B.H.M.S. Medical college students is higher than Anxiety of group1 and group3. Table 4.4 reveals Correlation value as +0.0072 ( $p > 0.05$  table value) which is no significant and indicates Negligible negative Correlation in Managing Relationship and Anxiety. Hence hypothesis second is accepted.

3. There will be Negative Correlation in the Managing Relationship and Anxiety of Female B.H.M.S. Medical College students.

As per Table 4.1 and Table 4.2 the mean values of Managing Relationship and Anxiety of Female B.H.M.S. Medical college students are 16.467 and 32.667 respectively. Table 4.5 reveals Correlation value as -0.3417 ( $p < 0.05$  and 0.01 levels) which is indicates significant negative Correlation in Managing Relationship and Anxiety. Hence null Hypothesis rejected and hypothesis third is accepted. This result consistent with general expectation. The mean value of Managing Relationship of Female B.H.M.S. Medical college students is higher than Managing Relationship of group1 and group2.

## **CONCLUSIONS**

1. There is significant Negative Correlation in the Managing Relationship and Anxiety of B.H.M.S. Medical College students.
2. There is Positive Correlation in the Managing Relationship and Anxiety of Male B.H.M.S. Medical College students. But it is not significant.
3. There is significant Negative Correlation in the Managing Relationship and Anxiety of Female B.H.M.S. Medical College students.

## ***Acknowledgments***

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## To Determine Level of Post Traumatic Stress Faced By Adolescent Children with Chronic Illness

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### ABSTRACT

**Background:** Chronic Illness is disorders or diseases that compromise well-being, either temporarily or chronically. Identifying related risk factors is of theoretical and practical relevance. It helps to understand psychosocial consequences of chronic diseases and provide valuable information for clinicians regarding who should be screened for what kind of problems. These children undergo a silent development of stress which occur Post Trauma. Post Traumatic Stress (intrusive memories, avoidance, and distress) is a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock. **Aim and Objective:** To determine level of post traumatic stress faced by adolescent children with chronic illness. **Samples and Methods:** The study was carried out in 75 samples under treatment for Chronic illness in MMM hospital between age group 1 to 20 years. The samples were selected through convenient sampling technique. The Tool used for data collection and assessment of Post traumatic stress level is a Semi structured questionnaire which includes: Demographic details-: Socio demographic profile (age, gender, place of residence, religion, education, occupation, type of family etc) and .Post traumatic stress scale-Manual for the Administration and Scoring of the PTSD(Post Traumatic stress disorder) Symptom Scale – Interview for DSM-5 (PSS-I-5) **Result:** PTSD (Post Traumatic stress disorder) was significantly observed in all the respondents' with chronic illness. **Conclusion:** The preliminary study concludes the presence of post traumatic stress disorder among adolescence with chronic illness. This particularly emphasizes on multidimensional assessment and treatment.

**Keywords:** Chronic illness, Post traumatic stress, Adolescence

Chronic diseases are long-term medical conditions that are generally progressive. These disorder or disease compromise physical well-being, either temporarily or chronically.

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## **To Determine Level of Post Traumatic Stress Faced By Adolescent Children with Chronic Illness**

Epidemiological studies have shown that about 35% of children and adolescents, on average, suffering from chronic health condition likely to suffer from Post Traumatic Stress. Post traumatic stress disorder (intrusive memories, avoidance, distress) is a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world.

The consequences of chronic illness leading Post traumatic Stress may affect the well being of the person in turn affecting the family as a whole. This study involves to the determine level of post traumatic stress faced by adolescences suffering from chronic illness. The Key contributors of chronic illness are Poor lifestyle choices, such as smoking, overuse of alcohol, poor diet, lack of physical activity and inadequate relief of chronic stress and progression of preventable chronic diseases. These children face various health problems affecting the Physical and mental well being.

### ***Post Traumatic Stress***

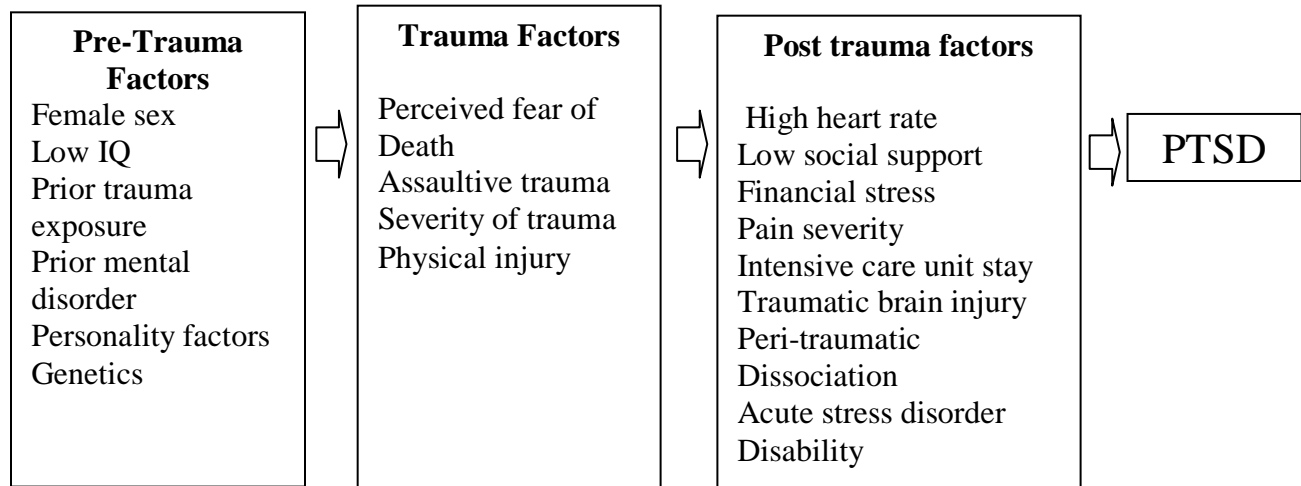
Posttraumatic stress disorder (PTSD) is a common reaction to traumatic events such as assault, disaster or severe accidents. The symptoms include repeated and unwanted re-experiencing of the event, hyper arousal, emotional numbing and avoidance of stimuli (including thoughts) which could serve as reminders for the event. A sizeable proportion recover in the next few weeks or months, but in a significant group these symptoms persist, often for years. It is largely the group of people with persistent PTSD who seek treatment. For these people social and occupational functioning is often severely impaired. There are four core in PTSD which are considerably stable in all types of traumas. Such as,

1. Experiencing or witnessing a stressful event;
2. Re-experiencing symptoms of the event that include nightmares and (or) flashbacks;
3. Efforts to avoid situations, places, and people that are reminders of the traumatic event; and
4. Hyper-arousal symptoms, such as irritability, concentration problems, and sleep disturbances.

### ***Symptoms of Post Traumatic Stress***

1. Intrusive memories-Recurrent, unwanted distressing memories of the event,
2. Avoidance-Trying to avoid thinking or talking about the event,
3. Negative changes in thinking and mood,
4. Changes in emotional reactions,
5. The intensity of symptoms can vary in intensity over time.

## RISK FACTORS FOR DEVELOPMENT OF POST TRAUMATIC STRESS DISORDER (PTSD)



### *Aim:*

1. This study is to determine level of post traumatic stress faced by adolescent children with chronic illness.

### *Objectivity of the Study*

1. To assess the level of Post Traumatic Stress faced by chronic illness adolescence
2. To identify the various factors leading to Post traumatic stress.

### *Procedure*

Children educated about the nature and procedure of the study. The children were enrolled in the study after obtaining parental consent (11-18years) / consent (18-20years). The study was conducted among 75 adolescence suffering from chronic illness. The chronic illness conditions included cardiac, neurological, diabetes and genetic condition. The tool used for data collection was segregated into two sections **Section A:** Socio demographic profile (age, gender, place of residence, ordinal position of child in the family, number of siblings, religion, education of parents, occupation, type of family, family monthly income) and **Section B:** Post traumatic stress scale- Manual for the Administration and Scoring of the PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5).

1. Re-experiencing symptoms
2. Avoidance
3. Changes in cognition and mood
4. Increased arousal and reactivity

## RESEARCH METHODOLOGY

### *The Population, Sample and Sampling*

The population of this research is adolescence with Chronic illness (Cardiac, Neurology, Genetic, diabetic) of age group 11 and 20. For sampling the sample size was selected by convenient sampling.

### *Research Tools*

The questionnaire used in this study are **Section A:** Socio demographic profile (age, gender, , place of residence, ordinal position of child in the family, number of siblings, religion, education of parents, occupation, type of family, family monthly income) and **Section B:** Post traumatic stress scale- Manual for the Administration and Scoring of the PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5)

1. Re-experiencing symptoms
2. Avoidance
3. Changes in cognition and mood
4. Increased arousal and reactivity

### *Analysis*

The data was analyzed using Statistical Package for Social Sciences (SPSS) and percentage analysis.

### *Research Findings*

**Table 1: Post Traumatic Stress Level of the Respondents**

Variable	Not at all	A little	Somewhat	A lot	Severe	Mean Level
<b>Re-Experiencing Symptoms</b>						<b>13.61</b>
Distressing memories	—	1(1.3)	18(24)	50(66.7)	6(8)	2.81
Nightmares	—	3(4)	10(13.3)	34(45.3)	28(37.3)	3.16
Trauma happening again	—	6(8)	29(38.7)	35(46.7)	5(6.7)	2.52
Emotionally upset	—	—	13(17.3)	49(65.3)	13(17.3)	3.00
Physical reactions	1(1.3)	13(17.3)	37(49.3)	24(32)	—	2.12
<b>Avoidance</b>						<b>6.04</b>
Avoid thoughts	—	2(2.7)	3(4)	60(80)	10(13.3)	3.04
Avoid activities, places	—	2(2.7)	20(26.7)	29(38.7)	24(32)	3.00
<b>Changes in Cognition and Mood</b>						<b>18.64</b>
Trauma cannot remember	2(2.7)	11(14.7)	25(33.3)	23(30.7)	14(18.7)	2.48
Viewing Negative way	1(1.3)	16(21.3)	29(38.7)	28(37.3)	1(1.3)	2.16
Blames others, yourself	—	2(2.7)	28(37.3)	36(48)	9(8)	2.69
Negative feelings	—	1(1.3)	9(12)	43(57.3)	22(29.3)	3.15
Lost interest	—	3(4)	17(22.7)	34(45.3)	21(28)	2.97

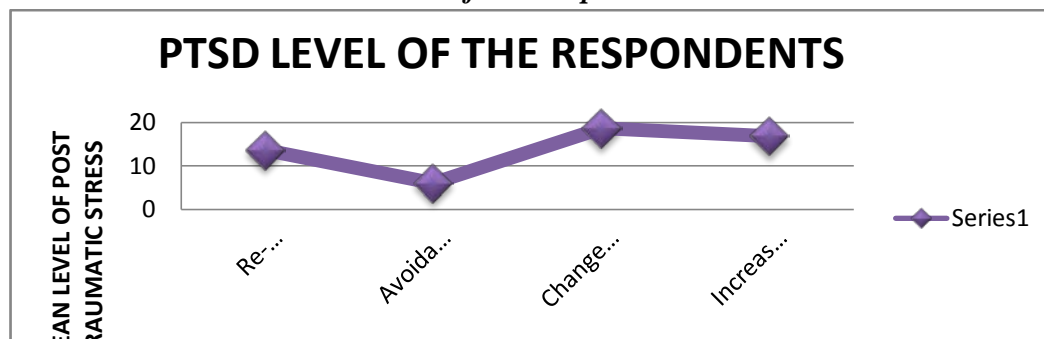


### To Determine Level of Post Traumatic Stress Faced By Adolescent Children with Chronic Illness

Variable	Not at all	A little	Somewhat	A lot	Severe	Mean Level
Detached	—	3(4)	13(17.3)	28(37.3)	31(41.3)	3.16
Positive feeling	1(1.3)	20(26.7)	32(42.7)	20(26.7)	2(2.7)	2.03
<b>Increased arousal and reactivity</b>						<b>16.83</b>
Irritable, aggressive	—	—	5(6.7)	57(76)	13(17.3)	3.11
Taking more risks	—	23(30.7)	46(61.3)	5(6.7)	1(1.3)	1.79
Overly alert, on-guard	—	7(9.3)	22(29.2)	35(46.7)	11(14.7)	2.67
Jumpier, easily startled	—	1(1.3)	26(34.7)	35(46.7)	13(17.3)	2.80
Difficulty concentrating	1(1.3)	3(4)	26(34.7)	43(57.3)	2(2.7)	2.56
Difficulty staying asleep	—	—	—	8(10.7)	67(89.3)	3.89

Table 1 reveals the post traumatic stress level of the respondent. The mean value of the category changes in cognition and mood is relatively high than others with 18.64. Followed by the category increased arousal and reactivity with mean value of 16.83. the category of re-experiencing symptoms showed the mean value of 13.61 and the category of avoidance showed the least stress level 6.04. In re-experiencing symptoms nightmares were found to be high among the respondents with the mean of 3.16, avoiding thoughts were high in the avoidance category with the mean of 3.04, the respondents were feeling highly detached according to the changes in cognition and mood with the mean of 3.16 and finally respondents had difficulty in staying asleep with the mean of 3.89 in increased arousal and reactivity.

**Chart No: 1 Post Traumatic Stress Level of the Respondents**



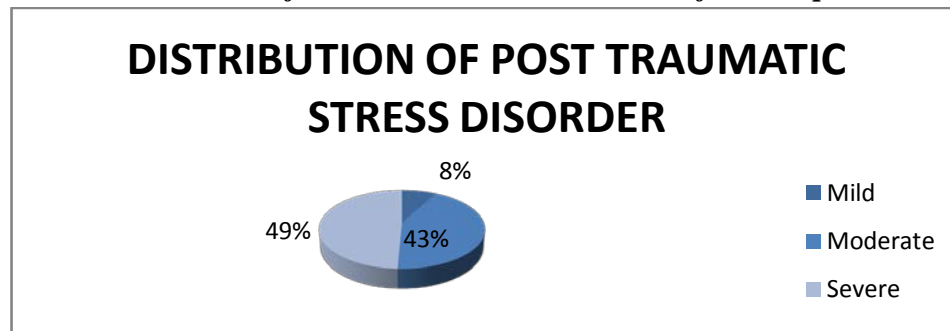
**Table 2: Total Distribution of Post Traumatic Stress Level of the Respondents**

Variable	Frequency	Percentage
Mild	6	8.0
Moderate	32	42.7
Severe	37	49.3
Total	75	100.0

## To Determine Level of Post Traumatic Stress Faced By Adolescent Children with Chronic Illness

Table 1 shows the distribution of post traumatic stress level of the respondents. Nearly half of the respondents (49.3%) were falling under severe post traumatic stress, whereas (42.7%) of the respondents were found to be under moderate post traumatic stress and finally only (8%) of the respondents were found to be in mild post traumatic stress level. Stress in respondents was observed more because of the increase in their anxiety and fear after trauma.

*Chart No 2: Total Distribution of Post Traumatic Stress Level of the Respondents*



## DISCUSSION

Adolescence (from Latin *adolescere*, meaning "to grow up") is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Identity development is a stage in the adolescent life cycle. For most, the search for identity begins in the adolescent years. During these years, adolescents are more open to 'trying on' different behaviors and appearances to discover who they are. In an attempt to find their identity and discover who they are, adolescents are likely to cycle through a number of identities to find one that suits them best. Developing and maintaining identity (in adolescent years) is a difficult task due to multiple factors such as family life, environment, and social status. In this stage an adolescence suffering from chronic illness tends to undergo a lot of psychological trauma which leads miserable disturbances in Normal adolescence of similar age. Adolescents are more likely to show symptoms similar to those seen in adults. They develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. Since many chronic diseases cannot be cured, the main goal is to reduce the consequences of the diseases on the lives of adolescents. Identifying the associated variables influencing post traumatic stress among adolescence as early as possible can help to turn down the consequences into positive aspect through multi variation dimensional approach. Among the 75 samples analyzed in this study Majority ( 49.3% ) of the respondents were found to be in severe Post traumatic stress disorder .(42.7) were in moderate . This percentage becomes the target respondents to develop Post traumatic Stress in mere future if multivariate approach is failed to be provided. Only 8 % were in mild category which reflects around only 5% of sample is able to cope up voluntarily.

## **To Determine Level of Post Traumatic Stress Faced By Adolescent Children with Chronic Illness**

### ***Limitations of the Study***

1. The study was limited to only one hospital
2. Data collection was done only for a limited period of time.
3. This study was conducted on a smaller group of adolescence within a few categories of chronic conditions.

### **CONCLUSION**

Chronic illness can lead to serious psychological consequences which in turn lead to Post Traumatic Stress Disorder. In the context, the preliminary study leading to PTSD concludes that post traumatic stress was found to be relatively high among adolescence suffering from chronic illness.

### **SUGGESTIONS**

1. Multi dimensional and comprehensive application must be taken for people with high risk behavior.
2. Rehabilitation treatment should be encouraged and regular follow-up should be initiated.
3. Group Therapy
4. Coping strategy training programs can be initiated.

### ***Individual suggestions***

1. Talk with doctor about treatment options.
2. Engage in mild physical activity or exercise to help reduce stress.
3. Set realistic goals for yourself.
4. Break up large tasks into small ones, set some priorities, and do what you can as you can.
5. Try to spend time with other people, and confide in a trusted friend or relative. Tell others about things that may trigger symptoms.
6. Identify and seek out comforting situations, places, and people.
7. Self Caring and realizing creates difference.

### ***Practical Suggestions***

It helps to understand psychosocial consequences of chronic diseases by providing valuable information for clinicians regarding who should be screened for what kind of problems and the need for preventing these problems as part of an integrated treatment.

### ***Acknowledgments***

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## Study of Specific Learning Disorder in Children with Poor Academic Performers

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### ABSTRACT

**Objectives:** To study the nature and prevalence of specific learning disorder in children with poor academic performance. **Material and Methods:** Total of 1483 children studying in 3 CBSE schools, aged between 6 and 12 years were screened. 312 children were found to be performing poor in academics. After simple randomization and further screening procedure 115 children were included in the study. Each child was assessed by interviewing with NIMHANS INDEX OF SpLD. Statistical analysis was done using Epi Info 7 software. **Results:** The prevalence of poor academic performers was found to be 21.08%. The prevalence of specific learning disorder among children with poor academic performance was found to be 10.43%. Majority of poor academic performers have Specific reading disorder accounts to be 4.35% and Specific disorder arithmetical skills accounts to be 2.61%, Specific spelling disorder accounts to be 2.61%. And mixed disorders of scholastic skills accounts to be 1.74%. **Conclusion:** Specific learning disorder in school going children leads to poor performance in academics and school drop outs. Finding out the children with SpLD and early intervention helps to prevent school dropouts.

**Keywords:** *Specific learning disorder, Poor academic performance*

Learning is acquisition of new knowledge, skills or attitude. Development of any child starts in early age with learns to understand the spoken language first and then learn to speak. Subsequently during their school years learn to read, write and do arithmetic according to their

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age and intellectual capacity. Education has major influence on the life any child But for children with disabilities, the quality of schooling they receive is likely to have an even greater and longer lasting impact.<sup>1</sup> Though education during childhood is a decisive component of human development, not every child thrives in it.<sup>2</sup>

Specific learning disorders include mainly dyslexia, dysgraphia and dyscalculia. SpLD is also a common cause for poor academic performance, but the exact prevalence of SpLD in poor academic performers is not studied. The problems like dyslexia, dysgraphia and dyscalculia make the child to perform poorer in their academics. Children with SpLD go unidentified as they do not have visible problems, simply labeled as “mentally backward” or “not interested in reading” by teachers and parents.

There is wide variation in prevalence rates of SpLD. According to meta-analysis by Dockrell, children aged between 8-11 years on SpLD recorded wide range of prevalence of 3% to 28%.<sup>3</sup> The study done by Mogasale V V et al. prevalence of SpLD among primary school children aged 8-11 years from 3<sup>rd</sup> and 4<sup>th</sup> standard in Belagavi city was 15.17%.<sup>4</sup> Several instances showed children with learning disabilities also had co-morbid psychiatric problem like anxiety disorder (18.68%).<sup>5</sup> Another epidemiological study in British school children in the age range of 8-10 year found the prevalence of ‘specific reading difficulties’, specific arithmetic difficulties and combined ‘specific arithmetic-and-reading difficulties to be 3.9%, 1.3% and 2.3% respectively. Thus, the overall prevalence of SpLD may be around 7.5%.<sup>6</sup> Shah et al in their review article on specific learning disorders have described the prevalence of SpLD to be in the range of 2-10% and 2-4 times more frequent in boys.<sup>7, 8</sup>

## METHODOLOGY

### *Source of data*

Children of age group between 6 and 12 years studying in CBSE (Central Board of Secondary Education) schools in Belagavi city with poor academic performance.

### *Method of collection of data*

Study Design: Cross sectional study, Study Duration: 1 year , Sample size: 115

### *Inclusion criteria*

Students aged between 6 and 12 years from CBSE schools, Both genders, Students scoring Grade ‘C’ and below in final examination.

### *Exclusion criteria*

Students with visual, hearing impairment and other physical disabilities. Students suffering from acute and preexisting chronic medical disorders. Students whose IQ (Intelligence Quotient) is below 70.

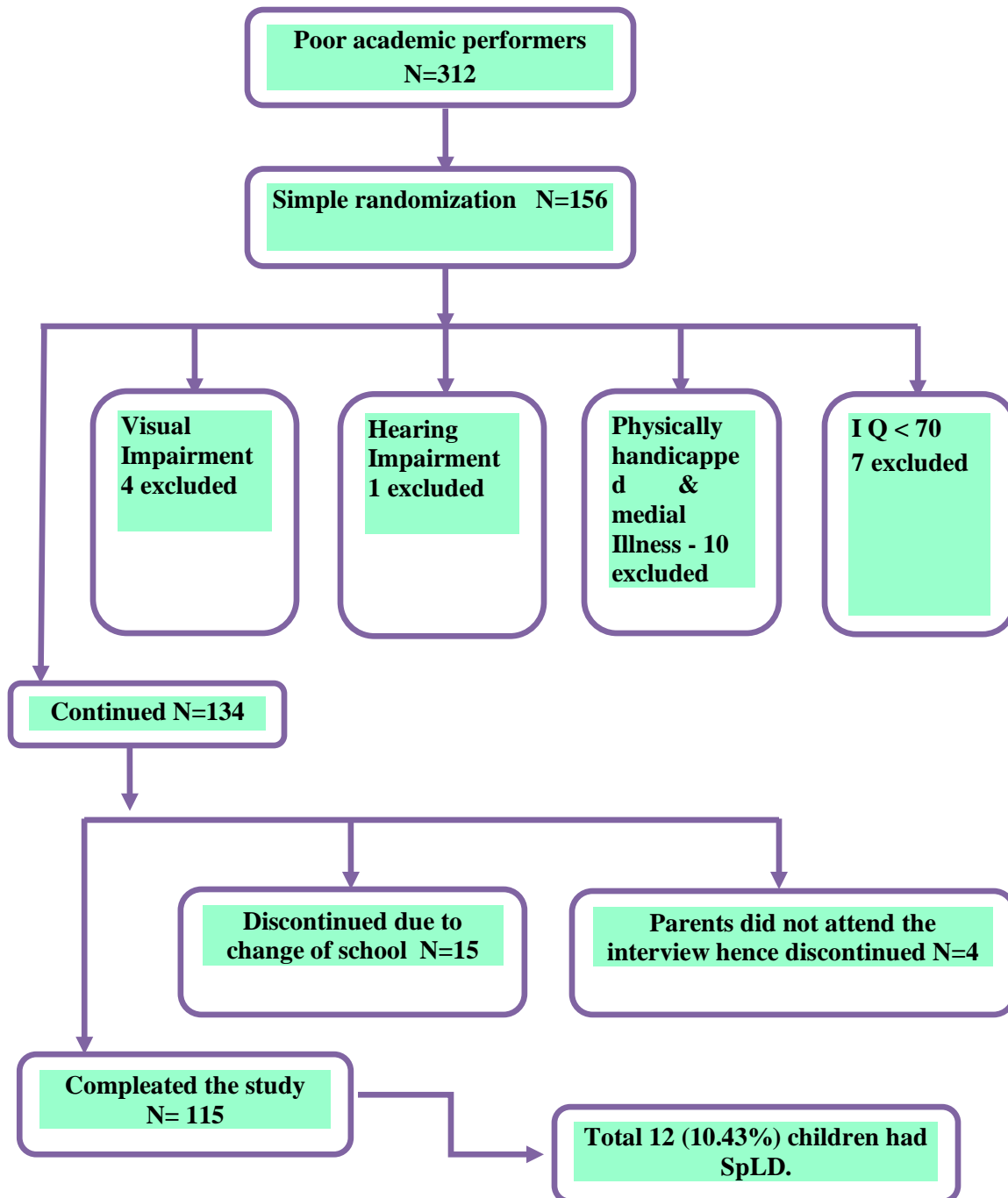
## Study of Specific Learning Disorder in Children with Poor Academic Performers

### Tools used

MINI-KID Questionnaire, Child Behavioral Check List (CBCL), NIMHANS Index for Specific Learning Disorders, Temperament of children was assessed by Temperament Assessment Scale. The final diagnosis was made using ICD 10 DCR criteria.

## RESULTS

Figure 1: Study flowchart



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**Table no 1: Prevalence of specific learning disorder. N=115**

Variables		Total number of children
Specific learning disorder	Yes	08 (66.67%)
	No	04 (33.33%)

**Figure no 2: Specific learning disorder among children with poor academic performance.**

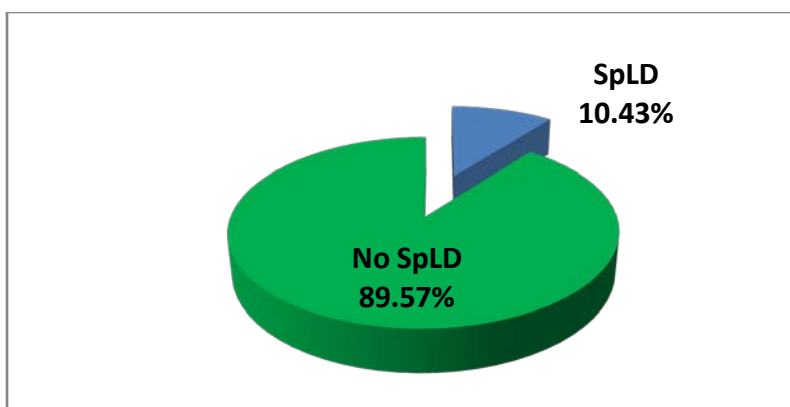


Table no 1 and fig no 1&2 shows that prevalence of the specific learning disorder among children with poor academic performance. With reference from study flow chart total 115 children completed the study, 12 children were with specific learning disorder that accounts to be 10.43%.

**Table no 2: Distribution of Specific learning disorder among each gender N=12**

Variables		Specific learning disorder
Gender	Boys	08 (66.67%)
	Girls	04 (33.33%)

Table no 2 shows that specific learning disorder among children with poor academic performance. Out of 12 children with SpLD, 08 (66.67%) were boys and 04 (33.33%) were girls.

**Table no 3: Distribution of individual disorders in specific learning disorder category.**

Types of Specific learning disorder	Percentage
Specific reading disorder	4.35%
Specific disorder arithmetical skills	2.61%
Specific spelling disorder	2.61%
Mixed disorders of scholastic skills	1.74%



**Figure No 3: Distribution of Study Participants According to Individual Category of Specific Learning Disorder.**

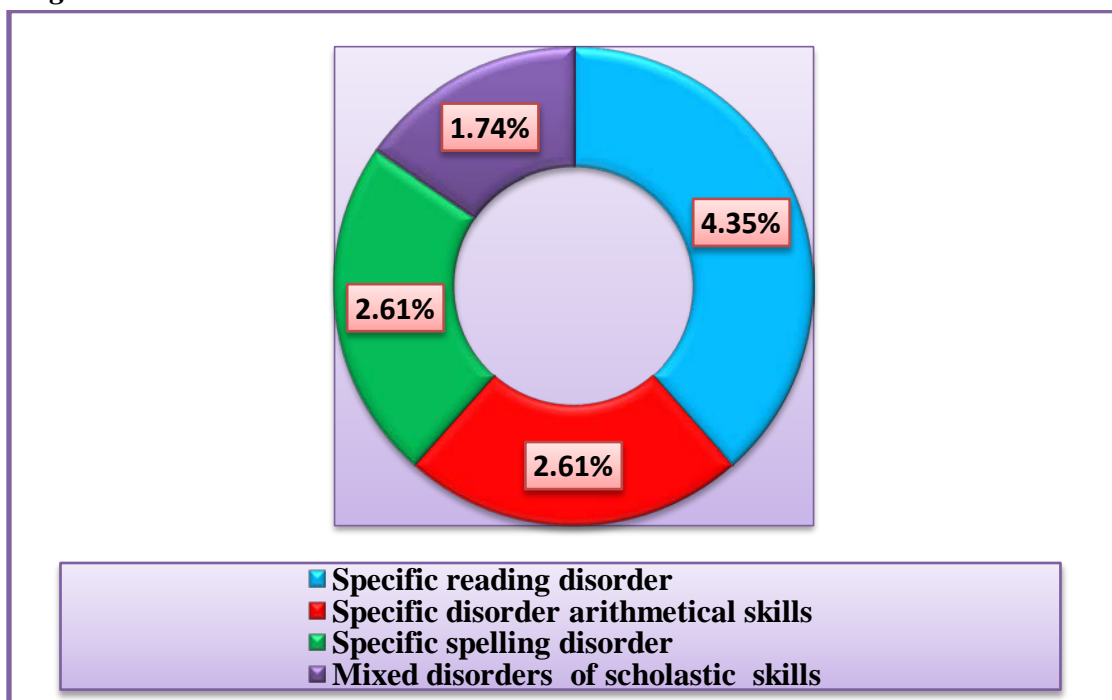


Table no 3 and fig no 3 shows that distribution of study participants according to individual disorder in specific learning disorder. 4.35%, 2.61%, 2.61% and 1.74% of study participants were having specific reading disorder, specific disorder in arithmetical skills specific spelling disorder and mixed disorders of scholastic skills

## DISCUSSION

As already shown in the study flow chart, about systematic way of considering exclusion and inclusion criteria and application of required scales. Out of 1483 children between 6-1 years age group 312 were performing poor in their academics. Total 115 children were completed the study. 10.43% of the children with poor academic performance were having SpLD. (prevalence of SpLD ).

Among participants of the specific learning disorder category, Specific Reading Disorder accounted for 5 (4.35%) followed by Specific Disorder Arithmetical skills, Specific Spelling Disorder and Mixed Disorders of Scholastic Skills with prevalence rates of 3 (2.61%), 3 (2.61%), and 2 (1.74%) respectively. There is literature available on individual disorders. In one of the studies from India, prevalence rates of dyslexia, dysgraphia and dyscalculia were 2-18%, 3-14% and 3-6% respectively.<sup>4</sup>

Our findings were more or less similar to the results of above mentioned studies. This study actually enhances and adds the data of prevalence/nature of SpLD among children with poor academic performance. There were very few studies in India in this aspect.

## CONCLUSION

Specific learning disorder in school going children leads to poor performance in academics and school drop outs. Finding out the children with SpLD and early intervention helps to prevent school dropout and school refusal.

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